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ART THERAPY WITH EMOTIONALLY DISTURBED CHILDREN

by

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A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
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Abstract

That children communicate more fully about what occupies them, in non-verbal rather than verbal symbols, has given rise to an alternative mode of therapy for psychologists working with hurt children. Play therapy, as treatment, has become widely accepted, and is frequently augmented by painting and other art activities.

This exploratory study, focusing on young emotionally disturbed children, has been designed to provide a comprehensive mode of therapeutic treatment, the aim of which was to transform symptom into symbol. From a theoretical as well as practical basis, a stage sequence model of therapy was derived incorporating both play and painting elements, used as a foundation for treatment.

The sample of children were matched, for age and sex with cohorts, selected randomly, and measured independently for play level and quality of painting over a fixed time span. Statistical significance was obtained in the results, which demonstrated that painting and play therapy was successful in alleviating symptoms, such that, after treatment, the experimental group painted with the same quality as their peers. The instrument was sufficiently sensitive to indicate stage of therapy, and therefore appropriate time for termination. There was also evidence that in some cases painting was the preferred mode of treatment.

It was concluded that young children's paintings can be used in therapy as a significant diagnostic and therapeutic tool, particularly when used in conjunction with play experiences.

"In science all depends on what one calls an apercu, a becoming aware of what is actually at the root of the observations. And an awareness of this kind is infinitely fruitful."

(W. Goethe, History of the Theory of Color, 1810)

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My daughter, Sally, also deserves special mention for her patience, tolerance and independence, during this undertaking; and my son, Daniel, whose first painting at age three, provided the impulse from which the ideas took form.

I offer the fruits of the work to the children of the study from whom I learned a great deal, and to all those like them who, in years to come, may thus be encouraged into their own creative growth, expression and well-being.

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CHAPTER I

INTRODUCTION TO THE STUDY

Play and Art

That a child is one of his own best resources has been widely accepted in therapeutic modes of treating children. In the last decade a vast body of literature has emerged in support of the use of play as a vehicle whereby children reenact their world as they 'see' it. This is not a simple concept, for play itself can take many forms along a continuum stretching from simple exploration (What can this object do?) to the complexities of the infinite possibilities of any one creative moment. (What can I do with this object?) Unfortunately, research has not yet shown us why children of a certain sex, age and circumstance choose to play at only one point on this continuum, and furthermore, what conditions must exist in order for them to shift position, so as to introduce new elements and style into the play process. What we do know is that failure to explore in early childhood is related to lack of curiosity and adventure, and to difficulties in personality and social adjustment (C. Hutt, 1970). These findings have been strengthened by corroborative scores on tests of creativity. However, any test of creativity, any projective device, and for that matter, any simple observation of the play processes, presupposes an object or symbol to be played with, or be created upon. The object/symbol, therefore, possessing its own intrinsic form and boundaries, provides a 'pivot' (Vygotsky, 1952) with which the player, the creator unites himself in a process of symbolic transformation. This object/symbol therefore becomes a highly significant variable.

Art as Symbol

As Gibson says, "We see things not as they are, but as we are." (1978). Such a symbol is imbued not only with projective content, but in fact, takes its actual form, color, texture and movement from the gestalt of the person-creator. We are reminded of Jerome Bruner's statement (1961) regarding the powerful effects of permitting a child to put things together for himself, to be his own discoverer; and Piaget (1954) who states that: "In order for a child to understand something, he must construct it himself, he must reinvent it." The product is art, visual creativity, at its lowest common denominator, whereby private feeling is made into public form. For example, according to Rubin (1978), for the observer, art is a kind of validated voyeurism, and for the executer, a kind of acceptable exhibitionism.

It makes sense that if we want to explore this question of why the child plays in a certain way, at a certain time, that we create an opportunity to look at and feel into the content of the child's own symbols. In this way, feeling is given to form and form is given to feeling. Communication in art work, is not given primarily to object or others, but rather as a self-communication, which is a rhythmic dialogue between picture and creator, leading ultimately to self discovery. This act, according to Bruner (1961, p. 22) is, in essence, a matter of transforming or rearranging evidence (symbol) in such a way that one is able to go beyond the evidence (symbol) to additional new insights ... and furthermore, it is often not even dependent on new information.

This autotherapeutic (Erikson, 1952) process would appear to require

little of the therapist and is least subject to influence and variability. A little support and gentle encouragement may be all that is required. The thesis will, however, show that the level of support offered may greatly enhance the speed and efficacy of therapy, but it is not a necessary condition. In fact, many artists have been solitary people, with little knowledge of psychology, who have, nevertheless uncovered the depths of human consciousness, as they have revealed to the world their own therapeutic journey and integration, through the developmental life phases.

Art in Therapy

A further advantage of using art as symbol creator, in therapy, is related to the necessity for limit setting. Even in the most permissive styles of play therapy, it is inevitably necessary to set limits, at least as related to safety of therapist, child and protection of the objects and environment. When the child creates his own symbols, he may, with a few deft strokes of the brush, annihilate mother, father, therapist or even an entire city, as the need arises. And because the symbol is uniquely his, it will be his mother, his father, and his therapist who are acted upon, in emotional catharsis. This is an important and unique aspect of art therapy, in that the most powerful upserge of unconscious and irrational feeling can be accomodated, whilst maintaining control (of the tool). Without this experience of near loss of control, it must always be feared as catastrophic, and it is only by letting-go-into as fully as possible, that the child discovers that the fantasied fear is a somewhat myth.

The tension-producing (creative endeavour) and tension-reducing (emotional catharsis) qualities inherent in an involved art/creative

experience are themselves therapeutic. To be able to experience the letting go, yet remaining aware and ultimately in charge, is a profound lesson. As Kris (1952) noted, art reveals unconscious material more readily than ordinary waking thoughts, and through symbols and images, vivid sequences convey intense emotional charge. Kris further postulated that, the creator temporarily regresses to primary process thinking.

Thus, the painting session allows a total emotional catharsis, in a safe way, but this is only one aspect of the process. The writer proposes to show that it is simultaneously cathartic and integrative, combining the tension and interplay between destructive and constructive forces, whereby emotional growth ensues.

The thesis is directed towards clarifying the possibilities of art work, with children who have experienced hurts which are hard to bear, those who have stopped growing in a healthy way, who have regressed and perhaps become distorted and ugly to themselves and others. It is premised upon the need of these children to become themselves and, through systematic help, to deal with their hurts in a creative way, as an adjunct to the natural healer, the disposition to play.

We will examine the theoretical issues of the use of art work combined with play for therapy and diagnosis, in Chapter II, thus developing a rationale for the investigation of painting as a valuable therapeutic adjunct with children. First however, it is useful for us to trace the historical development of our knowledge of children's art work, and its significance, as a foundation for current theories and research in the field of art therapy.

Introduction to Children's Artwork

It was in the year 1902 that the cave paintings from the end of the last Ice Age, which had been discovered for the first time in Spain thirteen years earlier, were recognized by prehistoric research. Only a few years after that in 1910, the Russian painter Wassily Kandinsky painted the first abstract picture in Munich. Humanity's oldest and newest painting met across 20,000 years. The first was considered too modern to be real, and the Kadinsky too primitive to still be considered art. These events brought forms of art into the public eye that did not merely present copies but captured the sources of the artistic process.

In 1905, between these two occurrences, Ellen Key declared the dawning century to be the century of the child. And childrens' paintings were immediately discovered as works of art, things which had been overlooked for thousands of years and yet had been produced daily in the same way on all continents. Although the English man Ebeneezer Cooke, as early as 1885, was one of the first people to occupy himself with childrens' drawings, it is only comparitively recently that child-art has been studied and brought to the public consciousness.

Fundamental ideas agreed upon in the earlier part of the century by observers of childrens' drawings -- noteable, Ricca (Italy), Petrowska (Poland), Eng (Norway), Prodhommeau (France), Wolf (U.S.A.), Spearing (England), Hans Strauss (Germany) -- held that children draw what they know exists and not what they actually see. To this, Sir Herbert Read (1966) added the notion that the representative impression is not purely intellectual but imbued with emotional elements. The

drawings, therefore, make a statement about the child himself, and less about the object drawn. In this regard R. Arnheim (1966) used the term 'seeing' in reference not to the visual experience, but in the sense of 'seeing through the minds' eye'. He described the phenomena this:

> "The child is not limited to showing what is actually visible. He may paint what he sees, feels, or knows. He can show the inside and the outside simultaneously." (p. 18)

Rhoda Kellogg (1967), one of today's leading authorities on the subject, after studying over 1 million drawings acknowledges that althoug- much has been learned about children's scribblings, there is much that is still unknown. The hidden message, when fully deciphered, will enable us to recapture the un-adult-erated view of this Gestalt world of the child.

Kellogg has further expanded earlier notions, to state that the artistic impulse is universal and furthermore that all children every- where draw the same things in the same way at the same age. The creative impulse is so deep among the very young that this universality holds true for thirty houses drawn by thirty different children in thirty different countries. We will see later how an Ontogenetical stage theory of primitive symbolisation also appears to hold true both Phylogenetically and in the growth of culture (see page 20). Kellogg shows that in the natural course of learning to draw, all children pass through the same stages of development which are reflected in the features of the drawing. One is reminded of Piagets' (1954) model of adaptation in the process of cognitive development, when Kellogg states that a child is not drawing objects in the world as he sees them, rather he is striving for something new within a set of forms

which he has already learned.

While sampling childrens' drawings in Argentina and Australia, Dora Booth (1929) was led to believe that a search for order is a fundamental characteristic of humans, and that "the arts interpret the human mind". The thrust of Booth's research, however, concentrated upon childrens' designs and the "transformations" of lines and dots, thus establishing a clear link with another of Piagets' basic tenets, namely that of connecting learning with knowledge of transformations and their effects. It would appear, therefore, that the capacity to use transformations in both art and science may, in fact, depend on a common intellectual base.

The expressive gestures of the child evolve from certain basic scribbles toward consistent and universal symbols. There is general concurrence amongst researchers that every child, in its' discovery of a mode of symbolisation follows the same graphic evolution. Certain basic forms emerge sequentially; the circle, the upright cross, the diagnonal cross, the rectangle, and then a comprehensive symbol, the mandala -- a circle divided into quarters by a cross. It is simply modifications of this mandala gestalt which according to Jung and others, substitute for many early objects, e.g. sun, man, house, vechile, tree. This language of symbols is as extensive as the child's experience.

There have been a number of different points of view put forward as to the reason for this phenomena of universal geometric symbols. Sir Herbert Reed (1966) traced the phenomena of universal images through Plato's conception of archetypes identified with TRUTH. There are, in certain passages of Plato's work the suggestion that archetypal ideas

have a geometric structure, and it is this structure arising out of the unconscious, which takes form from the aimless scribbling of the young child. Reed believed that:

> "Form, the basic pattern, precedes identity, precedes significance controls imagination and determines intelligence."

The archetypes are the structural elements of visual order and cognition itself; and the archetypes are, by definition, universal. The mandala design (sanskrit word meaning 'magic circle' group and 'association') according to Jung (1964) plays a role in the integration of personality. In Oriental art it represents the Deity and in Eastern throught, the idea that everything is centered around something (Trungpa, 1976). Gestalt psychology has shown the mandala to be the pattern which the brain is predisposed to utilize in all visual perception, and expresses the experience of seeing the relatedness of all phenomena. The child's first human or tadpole man is often called the 'mandaloid'.

Schaefer-Simmern (1966) sees the circular figure as basically representing the earliest pictorial representation of a fixed idea. The arising of the mandala from this, he postulates, is the outcome of an intuitive process of vision, a non-reflective activity, independent of conceptual thinking and rationalisation. This formative activity, inclusive of emotional feeling is a mental process and develops as the foundation of the childs' creative activity.

Arno Stern (1966) also finds a logic in childrens' artwork and in the changes that occur as they grow older. He points to changing body sensations as the impelling force. This idea has been developed at length by Michaela Strauss (1978), who using over 6,000 drawings collected by her father (1883-1946) found them collectively to depict

the 'manifold metamorphosis of man'. She traces through the stages of form, and equivalency of phyllogenetical and ontogenetical characteristics (see page

The essence of Strauss' ideas rests on the child's intuitive and unconscious awareness of his own physiological development, and during this period the focus of the forces working formatively within him shifts from one area to another. This is faithfully represented in his drawing.

It appears that symbolic language is firstly monochromatic and geometrical, and only later a variety of colors broaden the scope. Research, such as that of Jacobi (1971) and Nambeurg (1953) attempt to show that colors have psychological significance and associations are established between individual colors and particular experiences (see page 26). Insofar as such correspondents are perceptual, they may be determined by the colors prevailing in the child's environment, but some associations appear to be wider in significance and may be made by children everywhere -- red for fire or anger or the setting sun; blue for anything deep; yellow for flowers and the midday sun. This universality of color is for some, as general as that of form, but has been noted to fluctuate radically when the child's emotional development has been subjected to unusual stress or deprivation (Namberg, 1953).

The sublimated, emotional aspect of drawings, is the focus of the psychodynamic, or Freudian view. Here the imagery and symbolism of dream and fantasy is sought for interpretive significance. Young children who are characterised by egocentric thinking, are closely bound to their own subjective experience. In this world, between

objective thought and subjective experience, the imagination plays, according to Jung (1964), as a dialogue between conscious and unconscious experiencing. To Jungian analysis, this dialogue is represented fundamentally by the creation of mandalas,which are viewed as cryptograms; in Jung's terms they are the path to the self and to individualism and, as we have traced, this geometrical shape provides the basis for development of the human form. Furthermore, for Jung, the images produced by the conscious/unconscious dialogue are not only a clue to repressed experiences, but also the wellspring of creativity and a source of guidance. Thus, in a Jungian view art, is a means of capturing fleeting dream images; and, in their recording, so impressing them upon memory, upon consciousness.

In Chapter II we will see how the historical, developmental and therapeutic underpinnings have affected art therapy as it is practised currently. The difficulties of establishing a unified and comprehensive theoretical base for the discipline become clear as we examine the dialectic of developmental versus emotional-catheric meaning of the image-symbol; and even within these polarities, the diversity of interpretation (diagnosis) and therapeutic use, become more obvious.

CHAPTER II

ART AS THERAPY AND AS DIAGNOSIS

1. Theoretical Foundations

> "Defining the boundaries of art therapy is an open invitation to get lost in a metaphorical muddle, conjuring up exquisite ambiguities."
> (Robbins, 1978)

Robbins and Sibley (1978) trace the major developmental styles in art therapy as they originate out of the major schools of psychological thought. At the same time as making such an acknowledgement, for themselves as major contributors in the field, they de-emphasize theory in favor of authentic freshness and symbolic expression, a move which is an attempt to gradually establish an independent theoretical foundation (see p.

Freudian Interpretations

Therapists such as Naumberg (1966) and Kramer (1977) subscribe particularly to the Freudian view of primary process, and the notion of preconscious images, which exist just below consciousness. Kramer (1977) emphasizes sublimation as a "medium to capture forbidden impulses". She speaks of 'drive energy' (sexual/erotic and aggressive/destructive) as being deflected in the art process, from the original goal and displaced onto achievement, which is highly valued by the ego as well as being socially productive. She says that:

> "In art, the ... author replaces the impulse to act out his fantasies with the act of creating equivalents for them, through visual images."

and furthermore,

> "Children can express the truth of the moment more readily because their statement need not add up to any consistent image of the world." (p. 47)

She adds an interesting perspective to Winnicott's (1971) notion of 'transitional object' as providing an intermediary process between toy and art, as the child has endowed it with symbolic meaning, although no attempt is made to change the form. In self created symhol, however, form itself can be changed. Kramer cites a further advantage in art work as being the invitation for closure. As she says:

> "In any expressive venture there comes the moment where each step is determined by the preceding one, so that there is only one right way to continue, no longer a multitude of possibilities to choose from." (p. 71)

She cautions as to the seriousness of the creative undertaking, and, because of the catharsis the unpredictability of the process.

> "Sessions tend to present a complex pattern, beginning with enthusiasm that is often followed by upset and partial disintegration which, if all goes well is redeemed by a second period of integration, in which creative work is resumed with renewed intensity." (p. 167)

Kramer, in contradiction with Naumberg, expresses the advantages of catharting passions into the symbolic forms of the art work, rather than into behaviors. The latter, she believes are more likely to invite transference conflicts, in interchange with the therapist. This captures, in essence, Kramer's philosophy, whereby art therapy is conceived of primarily as a means of supporting the ego, and fostering a sense of personal identity.

Naumberg (1966) shares Kramer's view to the extent that she recognizes that man's fundamental thoughts and feelings are derived from the unconscious, often reaching expression in images rather than words. This is particularly true for children, who are less comfortable with langauge. Naumberg concurs that every individual has the

capacity to project inner conflicts into visual form, but she stresses the use of image making primarily as a useful linguistic tool, rather than as an autotherapeutic creative process. Within this framework, she believes that the child will be free to create images which escape the denial of the Freudian 'censor' in a way that words cannot. Furthermore, the art symbol can accomodate both regressive and progressive aspects, as new forms transcend infantile longings, which are ultimately integrated in favor of progress. This notion of progression transcends classical psychoanalysis, although Naumberg consistently emphasizes the selection for symbol in that, "only what is repressed needs to be symbolized." She prefers to ignore the historical/developmental perspective of symbolization, which others find to be a crucial and universal first language (see Chapter I).

A Jungian Perspective

Lydiott (1971) shares the view that the fundamental aim of art therapy is to make contact with the unconscious, but places greater emphasis on the Jungian notion of active imagination which is given form in the process, thereby releasing energy in the maker. He belives, as did C.G. Jung, that the mere execution of the picture is not enough, for over and above that, an intellectual and emotional understanding is needed. (This is not the same as interpretation.) As the problems are seen more clearly then stress can be released. Many art therapists, at least in practice, appear to make use of this basic tenet and its Gestalt interpretation.

The Gestalt View

Rhyne (1963) concurs with Lydiott's central thesis of the joy which is concurrent with artistic expression, but adds a further

dimension, in terms of self awareness, deriving from the humanistic school of thought. She suggests that the perceived and the perceiver become one, viewing the personality as a totality of many parts. Betensky (1973) develops this notion of self awareness in that she attaches importance to children recognizing their own patterns in their art productions, thereby linking the gestalt of inside and outside. The advantages of art, as therapy, she sees as its potential for anchoring awareness, as a conscious psychological process, between subject and object, feeling and thinking. Reality is altered through change in symbol in order to arrive at solutions which are more acceptable to self and others. It makes the implicit feeling explicit, and bequeaths an end product which has permanency, which expresses the here and now reality. Repetitive end products she sees as being revealing of futile life patterns, specific trauma, and/or the need for security. Communication about the end product is important for Betensky, as a means of grasping objective reality about subjective situations. Cognition, emotion and particularly memory made present, are thus linked.

Like Betensky, Oaklander (1978) applies a humanistic approach to children's art work. She uses a variety of media, with the purpose of helping the child to become aware of self and existence in the world. She sees the act of drawing as primarily an expression of self in the moment, imbued with emotional content, and as a vehicle toward strengthening self identity. Making use of self projections, Oaklander applies gestalt dream technique to the individual parts in drawings and paintings, as a means of furthering self awareness, and watches closely for the foreground flow of child and therapist, as an indicator

of the need for catharsis.

The Composite Theory

Rubin (1978) makes more explicit the meaning of "giving form to the feared object", thereby bringing it under symbolic control. She links the notion of catharsis and self awareness thus:

> "One must relax controls enough to explore the consequences of strong expression of affect, in order to realize that one can still be master of one's fate." (p. 22)

Making use of a synthesis of all the schools of psychological theory she suggests that a theory about art therapy will have to arise out of art therapy itself, in order to possess its own inner integrity. As she notes, the profession is still in its infancy, and is currently working on defining an identity for itself. Rubin's contribution, and level of understanding is undoubtedly the most comprehensive to date. She focuses on the integrative aspects of the creative process as well as its use as a tool for discharge, uncovering defense and communication. She also emphasizes the cyclical aspect for the growth and therapy process, seeing the reasons for regression as being fatigue, stress, naive logic (e.g. size/detail of figures determined by importance), and accompanying the struggle to give up an old form for a new one. This disintegration is necessary for the creation of new form and growth, and is usually accompanied by diffusion of energy and attention. She reiterates Perl's notion of 'let-go', reminding us of the need to trust the child who possesses "an inherent and natural tendency toward growth, variety and integration".

As mentioned earlier, Robbins and Sibley (1978) attempt a unified framework for art therapy in which they introduce the notion of

'building out' from the core of the child's personal identity, perception and communication, to an understanding of self in relationship to environment and others. They emphasize the notion of symbolic expression as a means of revealing and discovering the self, and the aspect of inner and outer integration in order to achieve individuation.

From this overview it is clear that the expressive art therapies often blur psychotherapeutic distinctions. We can see that, whilst the art therapies have adopted the terms and classification systems of the psychotherapies, implicit in much of the practise, is the assumption that a human being is a unitary and indivisible organism. For this reason, it is evident that much of art therapy technique, as it is practised, even if not in theory, is compatible with humanism. Perhaps the major convergence between art therapy and at least some of the humanistic approaches is the general but not universal, assumption that thinking and creativity are related. This is the source of much confusion of definition in this new field.

The official definition of art therapy adopted by the American Art Therapy Association reads as follows:

> "Within the field of art therapy there are two major approaches. The use of art as therapy implies that the creative process can be a means both of reconciling conflicts and fostering self awareness and personal growth.
>
> When using art as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a more compatible relationship between his inner and outer worlds."
>
> (Arnheim, 1966)

This would appear to wear the banner of humanism and psychoanalysis, although alternative definitions, as we have seen, currently abound. Nevertheless there does seem to be agreement that the emerging field

deals with creative impulses and emotional expression, and debate ensues as to the relative mix of these two elements.

To varying degrees, each of the art functions -- diagnostic and therapeutic -- stress one of the two poles: creative production and expression communication: and just as there is an overlap in creativity and communication, so there is an overlap in functions. In the next section we will look at both the details and the interface of these functions.

2. The Use of Art Work for Diagnosis and Therapy

The Diagnostic Use of Art

As we have seen from the literature, the variety of interpretation of the childs' use of language is exceedingly wide, and no one form has been conclusively substantiated or rejected by research. However, we do know that childrens' drawings are a pictorial language, which express not that which is seen or felt directly, but, as Piaget puts it, 'the act of perceiving' (1956). In order to use a child's free painting as a projective measure, i.e. as a means of discovering his "act of perceiving" reality, we must first consider developmental aspects as these pertain to his/her expected capabilities. For example, in considering the form of a human as a stick figure, for a three year old may be perfectly appropriate, and yet for an eight year old may represent a serious regression of cognitive and/or emotional functioning. Similarly, we must note age related differences in style and use of colour.

Developmental Aspects

Lowenfeld (1957) and Brittain (1980) have made a significant contribution to the analysis of childrens' art work within a developmental

framework. Together, they formulated a way to describe stages of mental growth and artistic skills. As they point out, stages and sequences of conceptual development and skill can be seen in all childrens' artistic expression. These sequences are identified by characteristics that serve as signposts indicating the emergence of specific cognitive and affective processes in the maturing child. Lowenfeld cautions that, in order to interpret a child's creative product as "symbolic speech", to select effective motivators or to plan a significant art experience, one must first consider the developmental context. Lowenfeld summarizes the developmental sequences thus:

Random Marks: Evident in the infant's experimentation with waving hands in the air, holding objects (crayon, carrot, rattle) or using fingers in finger paint or strained food.

Uncontrolled Scribbling: The continued elaboration of kinesthetic experience. A child's attempts at a form of self exploration is occuring. Babbling often accompanies the childs' efforts.

Controlled Scribbling: The child conceptually recognizes a connection between a mark on the paper and himself. Lines are often repeated and readily varied. Lines take on meaning to the child, as do colors. This stage parallels the preschoolers interest in all forms of exploration. A milestone in this stage is the naming of scribbling, and sharing of responses. This stage culminates with the emergence of recognizable shapes.

Pre-schematic Drawing: The child makes representational attempts and is aware of himself as the centre of his world. First attempts produce human figures, houses and trees. Form takes focus over color, and no spatial relationships are as yet established. The experience itself

is the teacher. With increasing awareness, more details are evident in the picture. Individual creativity begins to emerge.

Schematic Drawing: The child's art work is highly individualized and signifies his ordered world. When he deviates from his normal schema an important conceptual change has occured and he is artistically demonstrating it to others. Space relationships are important with the use of a base and a skyline. Colors realistically approximate the object. With the emergence of a schema, the child moves from egocentric behavior to social interaction.

Dawning Realism: Peer influences are evident now with more attention to details, realistic interpretation, greater use of shade and color, use of decoration and disappearance of skyline. Sky now meets earth. Peer judgment is now the most important criteria.

Pseudo-naturalistic Drawing: There is heightened concern for natural surroundings. Greater interest is shown in proportion, perspective, color variation, detail and sexual characteristics. In studying hundreds of childrens' drawings , Munro, Lark-Horowitz and Barnhard (1942) evaluated identical sequential stages of symbolism as related to age.

Similarly, Lowenfeld evolved an evaluative chart pertinent to the identified stages.

The important contribution of Lowenfeld is to indicate and formulate the dynamic bond between intellectual and emotional development. Loevinger (1976), as well as other ego-psychologists such as Elkind

(1976), Bobroff (1960), Kohlberg (1970) substantiate this view through empirical and theoretical research.

Loevinger's research lends significant credence to viewing the individual within a developmental context, and further corroborates a stage sequence theory, showing commonalities which cluster by phase, stage or level.

Michaela Strauss traces the early geometrical symbolization in much the same way as other researchers (p. 5), although she adds an interesting interpretation thus:

The form of the first phase is scribbling, where the linear structures of movement have an embryonic effect and remind one of early differentiation of brain and spinal cord. Scribbling begins as rotating wholes which are gradually contained in the spiral and finally the triumphant moment of the closed circle, which coincides with the child's first use of the word 'I' and represents the first ego identity. The other form of scribble is the pendulum swing which gradually becomes reduced to horizontal and vertical lines and finally the upright cross symbolizing balance and documenting the childs' new ability to stand in space. The next stage is the extension of the first geometric forms into complexes. A dot is placed inside the circle and the cross extended to become a star: the first representing 'myself in the world' and the second 'energy'. In the third stage the circle and cross becomes unity (according to Kellogg [1967] the aggregate), the mandala, and appears in the most diverse variations until the fifth year and beyond. The latest form to arise according to Strauss, is the triangle, after the fifth year.

In the first seven years the motif of the human being is dominant,

and this spreads out to include the house and the tree, but according to Strauss, these are only modifications of the same theme. She exemplifies with different paintings the 'tree-man' where the ball concentration is the 'head-roots'. As the child internally notes the downward flow of force in his own physiology, the trunk is formed. At first the 'tree-man' is not connected to the earth but rather hovers in space. The child is not surprised if the tree has a human face or if the human form looks like the trunk of a tree. Gradually legs and feet separate from the mass, arms are joined on, and the figure stands on the earth. This deep connection between tree and human persists well beyond the first seven years, a fact made use of in 'The Tree Test' (Karl Koch).

After age four years the ladder and lattice motifs become dominant. The human trunk will be divided by horizontal bars as the rib cage and skeleton go through rapid changes, so too, at this time the arms become disproportionately long, with hands like rays. Consciousness now extends from the internal dream world out into the world.

The 'house that enfolds us' in the sense of a 'being in the universe' is classically the archetypal tree-house, and children's houses first retain some of the roundness of this shape. The square or rectangular shape represents the 'earthly' house, or psychologically, the independent ego. Later, doors and windows are added, and people move in from where they look out on the world. This represents security, but its converse, particularly with the addition of the ladder and lattice motif, the feeling of being shut in.

The sun-wheel at the sight of the navel is another common feature, which has been interpreted by some (e.g. Joseph D. Leo, 1976) as showing

an interest in 'where did I come from'. Strauss, however, sees this feature as unconsciously representing the solar-plexus, which is an essential part of the vegetative nervous system, and the primary focus of physiological development at this time.

Between three and four years, according to Strauss, when the world of feeling enters into the drawing, so too are colors added. Now things seen and things felt become integrated in the same picture, illustrating transitions and overlappings of the most varied realms of perception. Children even horizontally divide their pictures to delineate conscious and unconscious perceptions -- the memory picture and the feeling picture. Emphasis is now laid in terms of size and intensity of color on what is important to the child. After five years, naturalistic pictures arise and include thoughts. Animal forms arise from a horizontal human form, with horses appearing universally, even when absent in the visual environment. Strauss sees vehicles as being extensions of house pictures, set on wheels or waves.

In summary, the developmentalists, ranging in conservation from Lowenfeld to Strauss, generally define developmental stages as diagnostic criterion, offering a balance to exclusively attributing emotional foundations to children's use of color, form and space. Their findings are summarized as follows:

1. No single behavior can be unequivocably associated with one particular stage of development.

2. A child can display behaviors at more than one stage of development.

3. There are many aspects of a child which are evolving simultaneously.

4. One behaviour can contain many varied aspects of development.

Cognitive and Projective Interpretations

Peter Wolff (1975), in his construct validation approach to childrens' art work, provides a link between developmental and affective theories. In a detailed comparison of Freud and Piaget, he found a basic compatibility between the two approaches, with one major difference, i.e. the role and concept of motivation. After careful scrutiny he was able to endorse the idea of the interactive dependency of intelligence and instinct. This has later been taken up under discussion of the dichotomy of form and content (see Naumberg, 1966; Jacobi, 1971) which will be examined later.

Focusing on the aspects of drawings which reflect cognitive skills, Goodenough (1926) devised an intelligence scale, based mainly upon the number of details put into a drawing of a person. Of significance to the present study, is that she found that both art ability and art training did not significantly affect test scores. She also became aware along with other clinicians, that her test was tapping other personality factors, in addition to intellectual capabilities. Goodenough tended to equate certain qualitative and unaccountable differences with an 'instability' of the nervous system (p. 62), which she felt may manifest prior to any behavioral symptom. These unaccountable differences she categorized as follows:

1. Verbalist Types: Drawings contain a large number of details but few ideas.
2. Individual Response Type: Drawings contain features which are inexplicable to anyone but the child himself.

3. Flight of Ideas: Drawings which contain only one ear, hair on one side or eight fingers.
4. Uneven development, as indicated by unusual combinations of primitive and mature characteristics in a single drawing (analogous to scatter on the Stanford-Binet intelligence test).

Other researchers such as Bender (1952), Hanvik (1953) and Hammer (1958) all concurred with Goodenough, and Hammer particularly emphasized the pressing nature of emotional factors. He severely criticizes the Goodenough test for ignoring the valuable information given, for example, by arm and hand positions, facial expression, and size and placement on the page. In fact, he believes, that such tests give more information about non-intellectual rather than intellectual factors.

Self Representation in Drawings

As an outcropping of intelligence scales were born, such popularized tests as the House-Tree-Person Test (Buck, 1939), the Human-Figure Drawing Test (Koppitz, 1968), Kinetic-Family Drawings (Burns and Kaufman, 1970), emerged as a result of the work of Machover (1949) and served to establish the diagnosis of drawings as an acceptable projective measure. Such tests are usually relatively unstructured and score both developmental items and emotional indicators. For the latter, meanings tend to be assigned to specific features, such as size of figures, posture, relationship of figures (Kinetic-Family Drawing), relative heights, omissions and erasures. Such attempts to catalogue or score responses, whilst intended as suggestive hypotheses, have been severely criticized. For example, Dale B. Harris, in reviewing the Human-Figure Drawing Test writes:

"The Human Figure Drawing Test is not ... a test

> but an evaluation of preassumptive clinical data. It adds little that is objective or quantifiable to the subjective or clinical use of drawings .... Depending on the psychologists use of and belief in this type of evidence the Human Figure Drawing Test may be used along with other evidence to illuminate and clarify the clinical picture of personality, where disturbances are known or strongly suspected."
> (p. 413)

Art therapists are also generally critical of single interpretations without the benefit of supporting data. However, an impressive number of diagnosticians rely on clues centering on the representation of the body. For example, Bender (1952) found that children with a severe defect of the body (either known or unknown) will depict this in their drawing of a person: and Kotkov and Goodman (1953) found that obese women will always draw wider and larger self portraits, than a control group. Similarly Cleveland and Fisher (1955) found that arthritic patients would draw impermeable body boundaries, as compared with other types of patients.

Meyer, Brown and Levine (1955) administering the Human Figure Drawing Test to surgical patients, found in all cases elements of conflict marked by excessive shading, erasures, tremulous lines or avoidance of the body area marking the sight of surgery. Sensory and physical handicaps are also well represented, such as Machover's (1949) work with deaf people who always give special attentio to the ear in their drawings.

The literature describes not only physical aspects of body image, which are projected, but also psychological aspects. Toler and Toler (1955) were able to discriminate popular from unpopular children on the basis of self concept, indicated in their drawings. He also recorded 80 percent accuracy in blind observers, matching teacher statements

about nursery school children with their drawings.

These are but a few of the many observations cited by clinicians which lend credence to the notion that drawings become a synthesis of emotional, cognitive and visual perception, and that within the drawings can be found certain commonalities of representation and execution. Even those humanistic art therapists who discount the medical model, with its classifications of psychopathology, see value in diagnosing art products as indicators of a client's underlying view of the world. The emergence of central figures from the background, the use of line color, shape, structure and space, are indicators of individual life scripts according to the humanist therapists, who, like Oaklander (1980) will respond intuitively to the Gestalt of a painting rather than the individual components.

Related Research on Color

An overview of factors of diagnostic significance would not be complete without special treatment of the use of color, for many believe that the greatest promise for diagnosis rests on the consensus that sensitivity to color provides important clues to personality (Feder, 1981). This agreement furthermore, cuts across the production/perception barrier. A number of investigators contend that color preference is a more sensitive indicator of emotion than are form and shape; the latter apparently invite intellectual/developmental rather than emotional response (Katz, 1950).

Because the range of color preference can be ascertained easily some therapists have attempted to establish a conversion scale of color response to emotional state. The Zierer technique, for example, uses responses to color as the key to the analysis and measurement of

anxiety/aggression and "awareness of coping ability vis-a-vis conflicting contingencies" (1976, p. 66). Napoli (1947), undertook studies of young children's use of color in finger painting and found that "certain personality types definitely show affinity for certain color choices and color combinations," and that "in a painting series an individual confirms his color choices by the predomination of a particular color throughout the series".

Following up on Napoli's suggestions, Staples and Conley (1949) examined the paintings of three and four year olds, looking for generalities in the use of color and certain personality traits. What they did find was:

> Features that characterise the paintings of an individual child lie rarely in the hues selected, but for the most part in the making of a very light or very dark painting; in the use of unusually large or small amounts of paint; in leaving uncovered an identical area of the paper; in unique movement of the hands and fingers and the creation of a design or pictorial representation." (p. 211-212)

Wolff (1946) concurs that choice of color gives indicators of personality in young children, emphasizing such aspects as the choice and handling of the colors, characteristic movement patterns, and respect for the limits of the paper. Arlow and Kadis (1946) view childrens' paintings within the context of the total therapeutic situation and observed that children under five use limited colors, children four to ten prefer several colors while older children use a single color, preferring to centre their interest on form and content. Themes of hostility they suggest, are executed in brown and black, while bright colors are chosen for happy scenes. Failure to cover the page indicates an inhibited or frightened individual, while inability to

limit oneself to the page shows aggression and insufficient inhibition.

Blum and Dragositz (1947) found age differences in the colors preferred and movements made. Green was the preferred color for the first graders and sixth grade boys, but red and blue held high positions. Blue was the first choice of sixth grade girls with green second.

Betensky (1973) reminds us of the developmental stages in the use of color for interpretation as:

Age 2-4 years. Color use is exploratory, and for enjoyment

4-7 years. The emotional appeal is predominant.

7-9 uears. Apecific relation between color and object.

Arising out of the work of Staples and Conley (1949), as well as Smith (1947), Concoran (1954) in a well publicized study set out to examine the hypothesis that three year old children rather than making free choice of color, will in fact use colors in the sequential order of their arrangement. Their findings tended to validate the hypothesis although they did not stand statistical criteria of significance. Furthermore, the study was limited by the presentation of only four colors, and the fact that the sample was derived from a University nursery school. However, this type of study, of which there have to-date been very few, lends credence to the notion that normal three and four year old children are concerned more with direct application of color than with selective discrimination between color. Their mode of painting, according to Concoran is to apply color without conscious deliberation and to then react to the color as it is spread out on the page. This explains to some extent why overlaying of color is so commonly observed among preschool children. As Concoran says:

"What would appear, then to be a seemingly

> mechanical approach is possibly better considered to be a rather efficient method by means of which children test the color to determine its affective value for them." (p. 113)

Alschuler and Hattwick (1947) in an independent study which utilized a more random sample, found that in three to five year olds, the frequent use of blue or black, indicated lack of self control, and the repression of emotion; that red indicated uninhibited expression and yellow indicated infantile traits. Green showed an uncomplicated nature. Kramer (1970) also suggests that blue/greens are chosen by reality oriented school age children as opposed to the red/orange/brown/blacks which seem to be preferred by disturbed children. This is reminiscent of the Jungian personality types:

Sensate/thinking = green/blue

Intuitive/feeling = yellow/red

It is evident from this overview that there has been a notable paucity of research in this area in the last thirty years. Perhaps, the most publicized work has been that of Dr. Max Luscher, who has attempted to validate findings linking personality and color choice. It is useful for us to examine the broad outline of his suggestions, although we must acknowledge that the Color Pyramid Test has been scornfully dismissed by academians such as Professor Lee of Leicester University in England, who speaks of the rationale for the test as "a grossly simplified system of hypothesized relationships between colors and personality traits", and criticises the absence of consideration of the cross-cultural variations in color symbolism.

Birren (1973) who uses color as a diagnostic tool admits that his findings "have an empirical basis and are founded more on many sessions

of observation than on any carefully conducted research. For the most part emotional reactions are not easy to quantify" (p. 14-15).

In defence of his position, and the use of large cross-cultural samples, Luscher (1977) refutes the 'scientific' arguments of the psychometricians, stating that:

> "... after hundreds of thousands of color tests have been given, in the U.S., Africa, Japan, and Australia we know that every specific color inspires not only the same perceptual stimulus in every single individual, but also exactly the same experiential stimulus, no matter what the persons culture may be. Orange-red has a stimulating effect on everyone, and dark blue has a relaxing effect. Therein lies the universal validity of color psychology." (p. 160)

Dr. Luscher goes on to show that in addition to a universal effect, color also produces idiosyncratic emotional experiences, which are dependent on somatic reactions. Broadly speaking, Dr. Luscher suggests the following characteristics which are related to the specific primary colors:

Red: Excitement; arousal, stimulation. As pleasure; love; appetite; strength. As displeasure; fury; disgust, overexcitement, threat and danger.

Blue: Element of calm; sensitivity; harmony; identification. Symbolically corresponds to the female, the horizontal direction, the left side. Seen as primal maternal attachment, loyalty and trust, love and devotion. As displeasure is boredom, tranquility, dissatisfaction.

Green: Yellow-green - hope, potential energy.

Blue green - stability, solidity, constancy, persistance, self worth, and self respect.

Yellow: Light and bright like the sun. Easy, radiant, stimulating, warm, cheerful, serene, warm and comforting. Dynamic kinetic energy, liberation, illumination and salvation. There is no such thing as a darkening of yellow, therefore is always associated positively with lightness and freedom.

In summary, the literature strongly suggests that color does influence mood, that it may reflect aspects of personality, and that

color is intimately associated with emotion. In children over the age of five years, there is sufficient suggestion that they will select color on the basis of both sensory and affective perception. For older children, color will tend to become more determined by cognitive perceptions of reality, and for younger children, an experimental medium. In the words of Faber Birren (1961), perhaps the most reknown of modern psychological color therapists:

> "... color therapies rest on the priciple that color is a life force. A disharmony in the color vibration of an individual is an indication of an imbalance, in the individuals' glandular and psychic functioning. Moreover, color preference is indicative of the nature of the dysfunction and/or a subconscious reaching for healing colors." (p. 14)

Product and Process

As Rubin (1978) reminds us, in decoding symbolic messages it is important to know how to look, what to look at, what to look for, and how to make sense out of what has been observed. To facilitate this process diagnosticians generally look at the process, the product and the form, as possessing significant and hopefully corroborative elements. The categories of these are described by Rubin as follows:

Process

1. Verbalizations -- what is said: in what way.
2. Non-verbal behavior -- gestures, facial expression, physical proximity.
3. Interaction with adult: trusting/suspicious: shy/articulate.
4. Task -- impulsive/organized: neat/tidy.
5. Approach to materials -- uses carefully/aggressively: enthusiastic/cautious.
6. Rhythm -- relaxed/tight: change of pace, attitude (related to flooding of emotion)

Products

1. Form or structure

Size of drawing
pressure of tool
quality of lines
placement on the page
size of symbol
details present or absent
shading, reinforcement, overlay
clarity of symbols
symmetry and completion of symbols
movement
use of color

2. Content

Verbal and non-verbal explanations, e.g. this is a happy line; blue is a sleepy color
Manifest topic or subject matter
Associative content, e.g. title, projected images, stories.
Implies latent content as in distortions, exaggerations, omissions, or symbol selection at the unconscious level
Sequence or execution of images
Universal symbols and their meaning

Common themes which may be combined:

Aggression - oral
anal
phalic
love
need for affection
competition
injury
sexual identity
wishes for sexual gratification
romance

Repetition of theme -- assumes special importance.

Self-representation -- may be disguised in animal form, inanimate form, or wishful fantasy.

Degree of disguise -- abstract or representational content, e.g. same sex, age.

We have already seen how some of the preceding categories relate to developmental issues, e.g. size, use of line, etc. Also in interpretation, we must consider reality and environmental limitations.

For example, shading may not always indicate anxiety, or small figures constraints. Particularly with children where developmental issues are paramount, there is not yet any validated consensus as to significance (Harris, 1963; Swenson, 1968).

In short, whilst aspects of structure and content are most likely to have meaning, particularly when viewed as a gestalt, it is important that the relationships are available as hypotheses, but that the diagnostician is alert to other possibilities. Rubin (1978) warns against blanket generalizations, and of divorcing the product from the process. As she says:

> "Often it is not so important to know how much space was finally filled, as the manner in which that filling came about. This is as true of content as it is of form, where the sequence of objects drawn may be at least as significant as the nature of the objects themselves." (p. 67)

Furthermore, whilst universal and specific symbols have occurred with impressive frequency in relation to certain life issues, the particular meaning is only available to a therapist whose mind is open to the childs' own associations. Again, Rubin warns, that one must assiduously avoid allowing ones' own projections to obscure what the child is trying to communicate.

Indeed the role of the adult in deciphering the child's symbolic art message is a complex and variable one. In this study we adopt Rubin's posture of "the least possible intervention for the most tolerable authentic flow". As she says, "it is of utmost importance not to interfere or subtly influence the child's ideas, thus contaminating the data, which is most valid when completely from the individual being assessed".

Rubin suggests some types of formal interviewing after the product is completed. Telling a story about it has been found to be most successful, and is considered a most important adjunct by Hammer (1955) who notes that children are apt to reveal themselves, through this means in a frank and direct fashion. Strauss (1978) places this interpretive ability firmly within a developmental context. Before the third year she describes the child as being one with rhythms that become visible on paper. He lives entirely in movement and is carried by it, therefore he is not in a position to explain the content of his scribbles. In the second phase between the third and fifth year the picture takes hold of the imagination. Whilst he draws the child says, "Oh, that is a bear, and he has ears and lots and lots of legs and he runs with them". Finally, after the fifth year the child choses a theme before he begins to draw and the level of consciousness of his age permits a clear interpretation.

The final act in making meaning of the product is accomplished when the encounter with the child is over. At this time pervasive and repetitious themes, patterns and interrelationships may become clear. Synchronicities of what has been said and done may provide important clues. It is at this atage that observations of non-verbal and play behaviors may be valuable adjuncts in confirming what is being said symbolically or verbally.

> "The ultimate task of the diagnostician is to integrate and interrelate all of the many data sources into some comprehensible notions about the child."
>
> (Rubin, 1979)

3. Research on Play, Art and the Therapeutic Process

At the present time there is an abundance of theories and supportive research about the nature and functions of play, as well as its adaptation to the therapeutic process. It is not within the scope of this study to provide an overview of the entire literature on play which has been done admirably by authors such as Schaefer (1979), Sutton-Smith (1971), Millar (1968), Stinton (1977), and Bruner, et al (1976).

The combined theories of Freud and Piaget have been most influential in the field. It is interesting to note that both have pointed out the adaptive function of play whereby the child gradually assimilates and gains mastery over unpleasant experiences. After thoroughly analyzing this adaptive value of play, Erik Erikson (1940) concluded that playing out a troublesome situation is the most natural autotherapeutic method that childhood offers. This concept is particularly evident in the approach of the non-directive play therapists such as Axline (1955), Moustakas (1953), Guerney (1972), who give the child almost complete freedom to work out his problems by himself through the medium of play. In Schaeffer's view this method is probably most suitable for children who are shy and withdrawn.

A psychoanalytical, interpretive approach is taken by Klein (1955), Freud (1946), and Hellsberg (1955) with a focus on interpretation, transference and insight not only through language, but also through utilizing physical activity and tactile exploration. This approach works well for children with neurotic disorders.

In contrast release therapy as practised by Levy (1939) and Hambridge (1955), minimizes interpretation preferring to focus on

specific events in the past and releasing blocked energy through catharsis. Obviously this method is suited to children with pent up hostility and aggression.

Those children who are undisciplined and impulsive may benefit from a limit setting approach as described by therapists such as Bixler (1949), Ginott (1955) and Jernberg (1979), whereas children with socializing problems, would eventually benefit from play or activity groups (Slavson, 1948; Zilback, 1968; Oaklander, 1980).

Such a composite of techniques is manifold and presents difficulties in measuring a process which obviously has many variables. The research which does exist is not encouraging as McNabb (1975) concludes from an exhausting analysis of therapist, child, age, sex, type of therapy. He concluded that the only significant variables on therapy outcome with children were identity of the therapist, and length of treatment. We are reminded of C.G. Jung's statement in the "Secret of the Flowered Garden" where he says: "In reality everything depends on the man and little or nothing on the method."

We may conclude that there is no "right" method of conducting play therapy, which is in itself, a creative act, combining an inner sensing on the part of the therapist, along with application of methodology, which together in harmony may provide the 'therapeutic moment'. At best this provides a facilitation of Erikson's auto-therapeutic process and substantiates our position of the natural healing predisposition of the child, both in 'play' and in 'arting'.

It remains for us, then, to differentiate the dissimilarities in these processes between the normal and the emotionally disturbed child, if we are to successfully tease out significant indicators. The

literature on 'play' has indicated that emotionally disturbed children differ from normal children more in the quality of their play than in the content (Schaefer, 1979). Thus, normal children tend to show as many hostile themes towards their parents in play as disturbed children, but the intensity of the hostility exhibited by the disturbed child is much greater. Moreover, Schaefer reminds us, the emotionally disturbed child's response to play tends to be more variable and unreliable than that of the normal child. For example, the anxious, fearful child tends to show less activity, vigor and creativity in his play, whilst the autistic child tends to play in a repetitive, ritualistic, emotionally detached and often bizarre manner. Diagnostically, then, the therapist can gain a great deal of information about a childs' level of emotional and social development by carefully observing him at play. Along with art work, the diagnostic advantage of play is that it can be used to assess the reactions of a child to a wide variety of concrete emotionally arousing situations that are otherwise difficult to reproduce, particulalry using media which are natural and enjoyable to the child.

Thus, the child acts in the playroom as he probably would at home and elsewhere. As Pierce says (1977):

> "The reality played with is the world filtered through the fantasy projections of play." (p. 139-140)

Gondor (1954) concurs, suggesting that every situation which confronts the child in the play room will seem similar to situations which have been of particular significance to him in the past:

> "A child who wants to be strong may, in fantasy play, pretend that he is a locomotive or fire engine, and imitate them. He will draw them with

> great preference and repeat the drawings ... his inner wishes and desires will be mirrored in everything that he plays with, creates or draws regardless of the skill or inadequacy of the art work itself." (p. 11)

Kramer (1972) who stresses art work in which creativity is of central importance (contrast Naumberg, 1966) looks at the freedom of art, which links it to imaginative play:

> "They both constitute islands wherein the reality principle is partly suspended." (p. 69)

Thus, forbidden impulses and wishes can be symbolically expressed and painful and frightening experiences that had to be endured passively can be assimilated by actively reliving them on a reduced scale. Affect can be safely discharged in play and in art.

However, Kramer points out essential differences which may be epitomized by the child's statement of "Look what I have done". In play, objects or people assume symbolic roles by a simple act of designation. According to Piaget, in fantasy play, these become pivots to serve the child's needs, e.g. two chairs may become a boat, in a process of assimilation; but when a child puts on a mask and turns into a lion, or puts on a sheet and becomes a ghost, the child accommodates in order to become one with the object. The play depends on his capacity to sustain the fiction and ends when imagination falters.

The aim of art is the making of symbolic object which contains and communicates an idea, which depends also on the child's wishes and fantasies. In the case of disturbance it is here that symptom is transformed into symbol, but the making of the object unlike play, involves a complex ego function that engages manual, intellectual and emotional faculties in a supreme effort. This act of making effort,

itself, bestows confidence and satisfaction, which is an integral part of the autotherapeutic process. Thus, Kramer suggests that:

> "... art in its undiluted form makes infinitely greater demands on the child's faculties and on his moral courage than does play. Play is the prerogative of childhood. In adult life art supercedes it as one of the few areas of symbolic living that remain accessible." (p. 28)

Stages of Process in Play and Artwork

We have seen from the previous discussion that the play of emotionally disturbed children possesses several noteable distinctions from that of normal children: (1) in the intensity of emotional catharsis, (2) in the unpredictable or repetitive choice of style, and (3) in play, the expression of themes. We have also seen that the execution of art symbols in the disturbed child will contain similar qualities and distortions both in form and content.

Much of the process research in play therapy has been hampered by the many variables and remains unreliable (McNabb, 1976). However, Bishop (1972) suggested three phases of the child's behavior during play therapy, which arose out of an attempt to disregard the variability of therapeutic style and to focus rather on the qualitative aspects of the play, i.e. intensity, degree of attention and imagination. It is these very aspects that we know that the differences between health and dysfunction lie. Bishop (1976) states that there are four dimensions of quality which are significant in his tri-hierarchical system for rating play behaviors. These four dimensions represent the amount of the child's investment in the play activities, the degree and scope of attention, the presence of a play theme embodying a reality function and the child's modification of space and time. Increasing degrees of

the four qualities characterise the hierarchical arrangement of the three play levels, which can be loosely described as (1) Sensori-motor (possession/release), (2) perceptual (attention to properties), and (3) conceptual (therapeutic/sequential). In these levels of representation, Bruner cites: enactive, iconic, and symbolic. These will be developed in Chapter Three. It is important to note that this hierarchical arrangement holds true, independent of developmental and maturational factors for the three to twelve year olds. Therefore, it presents a relatively uncontaminated measure of the child's underlying emotional functioning, and furthermore, can be elicited relatively easily by simple observation. The specific characteristics of the levels of play will be described in greater detail in Chapter Three, as these provide the foundation and validation of our measurement of process in the art work.

The measurement of symbolic communication in art work is complex and it has been described in terms of process, form and content in the preceding section, and in Chapter Three will be developed as an instrument of the study.

CHAPTER III

METHODOLOGY

Introduction to the Study

This was a descriptive and evaluative study undertaken in order to demonstrate a method of diagnostically interpreting children's paintings in therapy. An expanded version of Rubins stages of therapy was used as a foundation, as well as the tri-hierarchical interpretation of play level (p. 54). Within this context I attempted to demonstrate that painting style, as process, and symbol representation and transformation as content, were sensitive indicators of the child's affective state and of stage of therapy.

Experimental Design

Through the use of annotated notes of play themes by which play level was scored, and evaluation of paintings of five children, I have described systematically the process and changes in therapy over a period of eight weeks. Despite differences in age, sex and presenting problem of the five subjects, I have attempted to show by means of the numerical rating system, common stages and similarities in process, style and content of paintings, as well as comparable stages of play level. A comparison of score on paintings and play level was made with cohorts drawn from a random sample of children who provided a controlled measure of efficacy of therapy in terms of change of score on painting, and in observed play level. Our underlying assumption for the effectiveness of therapy, was an expectation that the paintings and play level of the experimental group would more closely approximate those of their peers as therapy proceeded.

The rationale for the study therefore rests on the following theoretically substantiated foundations:

Dependent Variables:

1. Stage of therapy
2. Play Rating Scale
3. Evaluation of Painting

These are affected by:

Independent Variable:

1. Therapeutic Treatment

Theoretical Substantiation of Dependent Variables

Therapy with children, according to Gondor (1954) is a process which has a two-fold function: (1) to provide the child with a realistic and acceptable outlook, and (2) with an understanding that can only derive from a good personal relationship with the therapist. The process by which this is brought about is described by Rubin (1978) thus:

1. Testing:	Dependability, limits
2. Trusting:	Is the therapist consistent and protective re intrusions or betrayals? Respects defenses.
3. Risking:	Revealing of self and problem in a veiled way.
4. Communicating:	Self and Problem are revealed in an explicit way.
5. Tracing:	Using other modalities to reveal affect, e.g. drama, music, movement, play.
6. Understanding:	Sensitive therapist with respect for defenses. May require many repetitions.

7. Accepting:

8. Coping: Separating fact from fantasy, child from conflict.

9. Separating:

The review of the literature on art therapy has indicated that, symbolic communication is dependent upon personally imbued content attached to symbol, and that the "leap of awareness" (Betensky, 19) is a necessary condition for healing. It is assumed that the projective material itself will yeild the clues to this transformation between stages 4 and 6. The views of Kramer (p.48) on fantasy projection, those of Betensky (p. 14) and Freud (p.45) on positive transference to therapist, Oaklander (p. 14) on emotional catharsis, and Rhynes (p. 13) views of self awareness have been incorporated such that a modified version of Rubins afore mentioned stages has evolved. The new categories include more specifically expected characteristics of the child's symbolic communication (4th stage) which ultimately leads to increased awareness (stage 6). The expanded stage sequences of therapy are as follows:

Stage	Therapist Task
1. Testing	Reassurance; non-threatening environment clearly expressed limits and personality reinforcement.
2. Trusting	Joining the child's view of reality.
3. Risking	Acceptance; paraphrase; reflect.
4. Fantasy projection (art-symbol, pivot-play)	Relates to projected and symbolic forms only.
5. Incorporation of therapist in symbolic form.	Allow positive transference only. Follow the child's directions; take role of protector, nurturer, peer playmate, etc.

Stage		Therapist Task
6.	Emotional Catharsis	Allow, encourage, join with child's actions. Act as protector.
7.	Symbol transformation or replacement in art work. I-statements: realistic play themes.	Respect and sensivity. Respond to child's or own foreground. If the child is stuck, lead symbol transformation, or structure play setting.
8.	Acceptance	Acceptance; calming activities; snack; commenting and relaxation.
9.	Coping	Facilitate adaption to reality situation.
10.	Re-integration	
11.	Separation	Acceptance and positive reinforcement of child's new level of independence and awareness.

These stages represent a composite of the views of the major theorists of the field and corresponds with Kris's (1952) functional definition. As such, it provides the foundation for the art therapy process and evaluation of the study. To this was added applicable and related stages of play level as described in Bishop's (1972) tri-hierarchical system.

Play Rating Scale

The play rating scale used in the study was devised and validated by Bishop (1976, 1979, 1980), Stinton (1977), and Robinson (1972). The play levels in the system represent the quality of the child's interaction with toy materials, whereby increasing degrees in the quality of the play correspond to the hierarchical organization of the three levels.

Bishop (1976) states that "four dimensions of quality" are considered in the construction and definition of play levels. The four

dimensions represent the amount of the child's investment in the play activity, and include the degree of attention, the scope of involvement, the presence of a play theme involving some aspect of reality, and the child's modification of time and space.

1. Degree of Attention:

This refers to the degree of purpose shown in the play activity, whether the child is acting in an aimless manner (such as kicking a block, shovelling sand) or whether he is acting toward the attainment of a goal (building a wall with the blocks, a mountain with the sand).

2. Scope of Involvement:

This refers to the degree with which a child is involved in his play activity, and takes into account body activities, verbalizations and incorporation of affect.

3. Presence of Play Theme:

Sequential actions in the play activity indicate the development of a particular idea of theme, which can often be labelled such as "playing Superman" or "playing house" or "playing doctors". This finds its equivalency in Piaget's process of accommodation or reality play, wherein the child assumes the qualities of known objects.

4. Modification of Time and Space:

This refers to the child's capacity to go beyond the realities and limitations imposed by natural laws. Its equivalency is the Piagetian process of assimilation, or fantasy play, in which the child utilizes an object as "pivot", supplying the details of his play from imagination (p. 38), e.g. a broomstick becomes a horse, ready for adventure; two chairs and a blanket become a vace of mystery and danger. This is obviously an act of creation, involving the highest

of human capacities.

Increasing degrees of the four qualities, correspond with increasing investment in the play activities and characterise the hierarchical arrangement of the three play levels:

Level 1 Play

This is the least complex and is basically sensori motor. The child engages in possession/release behaviour showing little personal involvement with the toy object and no interest in its properties. For example, the child wanders aimlessly, picking up a toy only to drop it for another. He kicks an object, or throws some sand. Awareness of self and relatedness appears to be lacking. There is a restless, driven quality to the behaviors, which are fragmented and repetitive.

Level 2 Play

This is a perceptual level of play and is represented by activities in which the properties of the toy object are focused on, but with no discernable theme. The child shows more involvement with the toy object, but is concerned primarily with its external properties rather than its relatedness or usefulness. For example, a child will roll a toy car, or pat the sand with a shovel.

Level 3 Play

This incorporates the most complex styles of play. It is a conceptual imaginative level, which is characterized by thematic and sequential dimensions. That is, the play activities are related in a sequential order and are intended to accomplish a particular experiential effect. The child is deeply involved in his awareness of object and theme, as well as their relatedness to himself. A

theme is evident and imagination builds on itself. For example, a child recreates a hospital scene, in which dolls, stuffed animals and therapist may become patients with a variety of ills, all to be 'fixed' in different ways; or, the sand box becomes a net work of roads and tracks on which an entire "Indiannapolis 500" may be staged, wherein the child is at once participant and driver of all the cars.

Play Level and Play Therapy

It is now possible to relate this tri-level play system to the play therapy paradigm. Bishop (1972) suggested that play provides a means for a child to systematically represent the events in his life, and in so doing rehearse, improvise and modify his coping strategies. Betensky (1973) indicates that this process is one of increasing awareness of self, object and relatedness. She states that it is only through awareness that solutions can be found, and sees that the primary role of therapist is in assisting the childs' reflective capacities, upon his own actions.

Hambridge (1976) suggests that three characteristics of play must be evident if the child is to achieve a maximum of abreactive value, impulse modification and ego mastery, all of which are desirable, as outcome of therapy. These characteristics which closely align with Bishop's Level 3 play are:

(a) Direct physical manipulation of toys, as differentiated from simply telling what they do.

(b) Relatively complete absorption in the play, such that the child is practically oblivious of his surroundings.

(c) Playing out the primary impulses involved (affective component) as opposed to stopping play abruptly.

He sees play, in therapy, as being repetitive, and initially

characterized by defensive manoevers, or lack of involvement (Level 1). Secondarily derived impulses are played out (level 2) and finally primary impulses (level 3), followed by boredom, and change of an activity. If these are not fully played out, i.e. brought to awareness in one session, then the theme will be repeated, perhaps many times. This level 3 of conceptual level is required in order to provide full adaptive capacity, which is transferable because of the many dimensions involved to settings outside of the therapy situation. This generalizability would indicate a resultant permanent shift in the child's awareness and perception of self.

If level 3 play then is the goal of therapy, then the therapist's task is to sensitively move the child through the sensori motor, perceptual levels of play, toward increasing novelty and relatedness. It appears that progress may be made through encouragement, facilitation of symbolic expressive representation, and demonstration. This adds to the hurt child's limited and frozen capacities, an extended repertoire of requisite variety, which would serve to increase his adaptive ability in the world at large.

The purpose in using the scale in the study was firstly as a simple means of ascertaining that therapy was effectively increasing the level of complexity of play (and, therefore adaptive capacity) and thus verifying the stage of therapy. Against this, we were then able to diagnostically assess and categorize sequential paintings.

Incorporating the play levels into the composite of stages of therapy, provided a more comprehensive foundation for play rating.

Composite Chart of Stage of Therapy and Corresponding Level of Play

(Baker et al., 1982)

Play Level		Stage of Therapy	Therapist Task
PLAY LEVEL	1.	1. Testing	Reassurance; nonthreatening environment; clearly expressed limits. Personality reinforcement.
		2. Trusting	Joining the childs' view of reality.
		3. Risking	Acceptance; paraphrase; reflect.
		4. Fantasy projection, art-symbol, pivot-play.	Relate to projected and symbolic forms only. Pacing.
PLAY LEVEL	2.	5. Incorporation of therapist in symbolic form.	Allow positive transference only. Follow the child's directions; take the role of protector/nurturer
		6. Emotional catharsis.	Join with the child's actions. Encourage Protect/nurture.
PLAY LEVEL	3.	7. Symbol transformation/ replacement. "I" statements.	Respect. Sensitivity. Respond to child's or own foreground. If the child is stuck lead symbol transformation or structure the play setting.
Transition		8. Acceptance	Calming activities; snack; commenting relaxation; discuss things out of therapy.
		9. Coping	Facilitate adaptation to reality situation. Reinforce requisite variety.
Out of Therapy.		10. Reintegration	Positive reinforcement of child's new level of independence and awareness.
		11. Separation	

3. Evaluation of Paintings.

The value of the tri-hierarchical play rating scale is that it affords a directly observable qualitative measure of the child's actions in the therapeutic setting. We assume as Gondor (1954) suggests, that this represents a microcosm of the child's "world at large". Furthermore, there is a great deal of support (Schaefer, 1979) for taking a qualitative rather than a quantitative measure to differentiate between emotionally disturbed and normal children. It is not the number of toys played with, but the richness or impoverishment of usage which provide the clues to the affective/cognitive developmental and adaptive capacities. Therefore, in the evaluation of the paintings quality of representation was sought in much the same was as observing play themes. Specifically, quality was looked for in terms of the broad categories which Rubin suggested (1978), i.e.:

(1) Process

(2) Product: form or structure

(3) Content

Paintings were scored according to presence/absence within these categories, and assigned a numerical value. In so doing, a measurable range was provided rather than verbal description which would then be applied to non-parametrical statistical analysis and therefore, more significantly substantiate the diagnostic system.

Comparison of Painting Scores

This portion of the study was a non-equivalent control group quasi-experimental design, involving pre-test and post-test scores of paintings. Campbell and Stanley (1966) suggest that this type of design is the most preferable choice in psychotherapeutic experiments of this nature, which includes a population with referral problems and groups of 'normal' cohorts (p. 49).

The design appears thus:

O^1	X	O^2	Sample children
O^1		O^2	Cohorts

where O = score on painting
x = eight weeks of therapy

Whilst acknowleding the potential sources of invalidity both internally and externally on this type of design, Campbell and Stanley recognize its superiority over the one group pre-test post-test design. The preference increases with increasing areas of similarity in experimental and control groups. Although this does not provide pre-experimental equivalency of groups, it is sufficient, according to Campbell and Stanley, to increase the effectiveness of the design.

In addition, the main effects of maturation were controlled for by using a fixed time sample, for testing and instrumentation effects, by trained facillitators and sequencing of color choice; for selection effects by random sample of the control group. Mortality effects were not of concern as the time span of the study was short. The

major source of invalidation was the inevitable regression effect, in which the two groups would inevitably differ on the post test scores, irrespective of the effects of therapy. However, the aim was to show that they differed less after therapy, than they did initially. Simple gain scores were therefore used for interpretation rather than an analysis of covariance, as recommended by Campbell and Stanley.

Methodology

The study sample comprised of five children referred for therapy because of manifest emotional and behavioral disturbances. These children attended for therapy for one hour on a weekly basis. Session notes were recorded in terms of play themes developed, style of play, therapist input and impressions of affective relatedness. In addition, each child was requested to make a painting with complete freedom of choice. The painting was made at an easel where color availability and order was controlled for all sessions, as was size of paper and choice of brushes. The therapist followed the outlined stages of therapy, in which paintings were paced (imitated), but never predetermined. Verbalizations and other distractions during painting were kept to a minimum. After the child indicated completion of painting he/she was asked to give the painting a title, and to tell a story about it, if this had not already happened spontaneously during the course of painting. Titles and stories were recorded by the therapist, usually on the painting and always in the child's presence. There was no attempt at interpretation during the period of the study.

The study was limited to eight sessions, although two of the children continued well beyond this length of time. In addition, five

age and where possible sex matched cohorts, were drawn from a random sample of children, the only criterion being that they, or their parents had not recently been referred for therapy. The size of sample choice of five experimental and cohort children was deemed to be sufficiently large (Ferguson, 1976) to avoid Type One errors, i.e. in providing sufficient variety for the gathering of statistically significant data; yet, at the same time manageable in terms of providing details of therapy sessions over the eight week period.

Trained University students acted as facilitators, having the control group execute free paintings at week 1 and week 8 of the study. They were instructed to pace paintings and to keep verbalizations to a minimum. Paints provided were the same color and in the same sequence as those of the experimental group, as was paper size and brush selection. In addition, the observers were asked to watch the child in play activities, recording their observations of play theme, style of play and affective relatedness. The paintings and play level were then evaluated in the same was as the experimental group.

In order to avoid type 2 errors, i.e. of experimenter bias in scoring, the scoring of the paintings was undertaken by two university students who were unfamiliar with the thesis material. They were selected and instructed in the use of the scoring chart by the thesis supervisor. The scorers then scored all paintings without knowing the children, the research design and this researcher. In order to enhance the chances of scoring validity, a reliability test was applied to their obtained scores.

Play Facilities

The play room in which therapy took place was designed to provide an environment containing toys and materials having both therapeutic value and interest stimulation. The suggestions of Schaefer (1976) and Oaklander (1978) were incorporated in selection of materials for the play room. These included: sand; kitchen area containing pots, dishes, kettle, bowl, cutlery; a sofr area dimly lit, containing a doll family; soft toys; barbie dolls and clothes; cushions and baby bottles; an assortment of cars and trucks; dinosaurs; zoo animals; shovels, pails; clay; finger paint; crayons; scissons; building blocks; puzzles; books rocking chair; a doctor's kit; a doll house, an airplane, etc.

The cohort children were observed in their natural environments such as home or day care centre which contained some, if not all of the above.

In the play room very few limits were imposed, beyond obvious needs of personal safety and reasonable care of equipment. Children were free to select as many toys as they wished, and were not under any imposed behavioral constraints of tidiness or cleanliness. Straws, bottles and cup were available. Snacks provided towards the end of sessions usually accommodated some chioce for the child.

Therapist and Therapist Orientation

This researcher was the therapist participating in the study. The therapist style and skill was presumed to be as stable and constant as possible, as a result of a number of years experience in working in such a setting with this type of child. The orientation was toward

an unstructured style with an emphasis on Gestalt techniques, as well as Neurolinguistic Programming, including the use of techniques such as Pacing and Metaphore. The previously outlined stages of therapy (p. 49) provided the therapist's guidelines and orientation.

As discussed in Chapter II, it is not so much knowledge of technique as personal 'fit' and integrity which affect process and outcome of therapy. The therapist in the study, therefore, had taken a number of years, and a good deal of experience to come to a comfortable place where knowledge of self-technique had settled into a comfortable equilibrium. This seemed of utmost importance in determining the pace and effectiveness of therapy. This position has been substantially supported by McNabb's (1975) findings.

Subjects for the Study

Child 1. Boy D. aged 8.0 years

D. was referred for therapy by the child protection worker who had placed him in foster care two months prior to referral. D., an adopted child, was apprehended upon the request of his parents who were unable to tolerate his behaviors. These were of the acting out variety including aggression with peers and siblings, non-compliance with parental requests, an innordinate need for attention, as well as night wakefulness and bed wetting. In his early years, D. had lived in a number of foster homes, with periods of return to his natural mother, who committed suicide when he was aged 4 years. Since that time D. had lived in this family who had adopted him. There were two other natural children in the family, and the marriage was under stress, a fact attributed to the difficulties which D. had presented. D.

understood that he was 'just visiting' the foster home for a holiday, and expected to be returned to 'his' family which in fact, never happened, as he was finally relinquished by the parents. Upon arrival in the foster home, D. had suffered from nightmares, as well as incessant eating, which over time came under control. Assessment prior to therapy indicated a little boy of normal intelligence, with marked flatness of affect and the general characteristics of a maternally deprived child. He did not see his natural family during the course of therapy, but lived in constant hope of this event.

Cohort 1. Boy B. aged 7.6 years

B. was the eldest child of a two parent family, with a younger female sibling. The parents were well educated professional people, and the marriage stable. B. was presently attending Grade 2 of the public school system, doing very well scholastically, and enjoying a number of extra curricular activities. He was a friendly, articulate young boy with boundless energy.

Child 2. Girl C. aged 6.3 years

C. was referred for therapy by the child protection worker, upon the request of the child's mother, a single parent who had recently reported that her daughter had been sexually abused by a young male babysitter. Subsequent investigation revealed at least one previous incidence of sexual abuse, by a man friend of the mother, as well as information that the mother herself had been sexually molested as a young child. The child had, in addition, been physically abused by the natural father, incurring broken bones, as well as severe bruising and lacerations. The mother had received similar treatment from her

husband, prior to separation when C. was approximately 2½ years old. In addition, the mother frequently suffered from grand mal seizures, which rendered her incapacitated, at which time C. was frequently left to cope.

At the time of referral, Church associates were very supportive of this family, and the mother who also undertook therapy made considerable gains. Despite the many adverse circumstances, the mother managed to hold a full time clerical job, and was obviously very bonded to and caring of her daughter. Assessment prior to therapy, indicated a bright articulate engaging little girl, who exhibited all manner of attention seeking behaviors, including particular precociousness with men. She walked with a peculiar gait, and would frequently hide upon entering the office. Upon being found she would laugh with great hilarity. This became a ritual behavior. A diagnosis of extreme insecurity as well as repressed hostility, and infantile regression was made. Therapy with this child continued over a one year period.

Cohort 2. Boy S. aged 5.8 years

S. was the only child of a single parent, the parent's having separated within the last two years. He attended an excellent Community Day Care whilst his mother worked. The child was always well dressed, socially adapt, and easily made friends. There was some unsubstantiated evidence that he may have been physically abused, in a relatively minor way, by his natural father. Observations were made on the child at the day nursery.

Child 3. Boy C. aged 5.4 years

C. was the youngest child of two parents, currently going through separation and divorce. He was initially referred through the director of the Community Day nursery which he had attended for a few months. The current situation was one in which he lived with his mother whilst the older brother lived with the father. There was evidence of abuse in the home, particularly involving the mother and the oldest boy. The mother was at times barely able to cope and was undergoing psychiatric treatment.

The reason for the marital breakdown was sexual infidelity following a long period of violent emotional eruptions on the part of the mother. The child was unable to make friends at the day care alternating between extreme withdrawal, and violent aggressive acts towards himself and others. He characteristically spoke in a high pitched voice using unintelligible 'baby' language. During the initial assessment he refused to walk, and crawled into the office barking, as if he were a puppy dog. He clung to his mother and was very reluctant to leave her physical presence. Daily, eneuresis and encopresis were common. C. expressed great attachment to his brother, although the relationship was observed to be one of great hostility. Therapy was undertaken over a period of months, although was not consistent due to the mother's unavailability.

Therapy ceased over the summer months when there was a reconcilliation, followed by a couple of further sessions after which the family moved away. Follow-up indicates further breakdown in the home, with this child eventually being hospitalized under psychiatric care.

Cohort 3. Boy P. aged 5.8 years

P. was the oldest child of a two parent natural family. He had one younger male sibling. The parents were middle class educated people, operating their own business. The child had attended the community day nursery for some time, and was also attending kindergarten. The child had good expressive language and social skills, easily making friends, and being well liked by his teachers. Observation sessions were at the day care centre.

Child 4. Girl M. aged 4.6 years

M. was referred by her mother to a paediatrician, and hence to the therapist. She was living at the time alone with her mother following a recent separation and pending divorce. Legal action was being taken due to alleged sexual abuse of the child by the natural father, at age 2-3 years. Following this, according to the mother, M. had an unusual genital preoccupation including masturbation, and reference to sexual knowledge at the day care centre. The referral question was to discover the extent and nature of a possible repressed trauma, as well as to provide necessary therapy. M. presented as an articulate confident, slightly overweight child who obviously had good cognitive skills and an excellent relationship with her mother, who was an extremely caring and concerned parent. Subsequent information revealed sexual harrassment of the mother by an adult male, when she was a child. The mother was a well-educated, professional person. No overt pathology was evident in the initial interview with mother and child.

Cohort 4. Girl J. aged 5.4 years

J. was the youngest child of a two parent natural family. She had an older male sibling with whom she had an excellent relationship. The parents were professional people, and the child attended the local kindergarten. She was involved in a number of extra curricular activities. J. was friendly, confident and very articulate. Observations were made in the therapy setting.

Child 5. Girl K. aged 3.6 years

K, was referred by the child protection worker upon the request of her mother, with whom she lived, as well as an older male sibling. K's natural father had been separated from the mother since K. was a young infant, but had since then been visiting with his daughter on a bi-weekly basis. It had recently been discovered by the mother than the child had been repeatedly sexually abused during these visits. The mother had been aware of unusual behaviors for some time, and had observed the most recent incident, which was evidently of a mutual masturbatory type of activity as well as oral contact, taking place under the influence of drink. The father was an alcoholic. The mother had recently been extremely ill, but was now recovered and had received a great deal of support and counselling through Alanon. She was concerned regarding K's excessive infantile, regressive and clinging behaviors, as well as great fear of adults, particularly men.

The initial interview revealed an extremely insecure little girl, who remained mute and clung to her mother, her security blanket and sucked her thumb. She refused to leave her mother's lap. The mother was warm, loving and very understanding of her daughter's need. Later

sessions revealed that K. was in fact, a bright and articulate child with excellent language skills. A diagnosis of traumatic psychological insult leading to infantile regression and anxiety was made.

Cohort 5. Boy J. aged 4.6 years

J. was the only child living with a single parent mother who had separated from her huabsnd J's father when the child was two years. She was a well educated professional person, with the child attending the community day nursery. Apparently J. had continued to spend a good deal of time with his father, and had a good relationship with him. J. was observed to be a quiet shy child, who was not very trusting of strange adults. He was initially not very cooperative in sessions, which took place at the day nursery, but in the presence of his mother, the observer noted that J. seemed anxious and ill at ease.

Collection of Data

Recording of Observations

Each session was recorded in terms of activities engaged in, play themes developed, major therapist responses, and process components of the art work. Depending upon the nature of involvement, recordings were made either during the session or immediately afterwards. In addition, therapeutic insights, intuitions and general feeling about the session were recorded where appropriate. Because these sessions were recorded prior to the study, therapist-observer bias was not considered to be a significant influential factor.

For the cohort group, facilitators were requested not to engage in play, but simply to observe and record. After all sessions were completed, observation records and paintings were collected for analysis.

Analysis of Data

Categorization of Play Level

Major play themes and style for each session, as recorded by observers and therapist, were categoried into Level 1, 2 or 3 play behavior according to the following criterion:

Level 1.
- Possession-release pattern present.
- Fragmented touching of object.
- Simple repetitive motor actions.
- No involvement of self.

Level 2.
- Simple motor actions related to objects' properties.
- No evident theme in play.
- Few verbalizations.
- Emotional gestures or affect lacking.
- Perfunctory involvement.

Level 3.
- Rhythmic sequential ordering of activities.
- Deep involvement and absorption in play.
- Relatedness of object, self and environment evident.
- Complex physical manipulation of objects.
- Emotional affect, gestures and spontaneous verbalizations present.

A predominant play level for each session was selected from session notes, charted and graphed to aid in comparison purposes and to illustrate graphical trends, patterns and differences.

Analysis of Paintings

Paintings were collected and scored as a group, with cohorts and experimentals mixed. The two scorers used the scoring schedule (Baker et al., 1982) (see Appendix I), in order to determine process, product and content. A tri-hierarchical score weighting was used to maintain consistency with the play levels, and with Lowenfeld's Developmental Evaluation. The reader will note that the categories 2 and 3 on the scoring schedule correspond in value with the play levels 1, 2 and 3.

Evaluation of Stage of Therapy

The determined predominant play level for each child for sessions 1 and 8 was utilized to evaluate stage of therapy for that session as well as obtained score on the painting. The obtained score of the painting could then be related to play level and stage of therapy. This procedure was repeated for each session.

Comparison of Scores with Cohorts

Play levels and scored paintings of the cohort children were recorded and scored blind along with the experimental group, as pre- and post-test measures at week 1 and week 8, of the fixed time span. The Wilcox on matched pairs signed ranks was applied to the scores. According to Ferguson (1976), the relative efficacy of this test to the t-test is .955. Therefore, it is a satisfactory alternative, given the parent distribution.

The hypothesis was that there be a statistically significant difference in painting scores at week 1 and a less significant difference at week 8 if treatment was effective.

Summary of Procedures for Data Collection and Analysis

1. Collection of Data

(1) Categorization of predominant play level for each of sessions 1 and 8 was derived from observer information.

(2) Calculation of total score obtained on each painting for session 1 and session 8 for each child. Averages of the two raters' scores were used.

(3) Evaluation of stage of therapy for each experimental child in each of sessions 1 and 8, was derived by applying the results of

1 and 2 to the Composite Chart for Stage of Therapy (see p.

2. Validating the Instrument (Painting Score)

(1) Calculation of reliability between play level, expected painting score and actual painting score.

(2) Calculation of inter-rater reliability for product and content components of the painting score.

3. Analysis of Data

(1) Experimentals compared with Cohorts

The Wilcoxon Matched Pairs Signed Ranks Test was used in order to test the null hypothesis of no significant difference between obtained scores for session 1 and session 8.

(2) Boys compared with Girls

The Wilcoxon Rank Sum test for independent samples was used in order to test the null hypothesis of no significant difference between obtained scores for boys and girls on session 1 and session 8.

CHAPTER IV

RESULTS AND DISCUSSION

1. Play Level

Comments on Gathering the Data

Recorded observations made by the therapist (experimental group) and observers (control group) were analysed in order to derive the predominant play level for each session. The criterion described in Chapter III (p. 62) were strictly adhered to in this evaluation. For the most part this process was straightforward and an obvious play level emerged from the anecdotal observations. Particularly helpful were the categories relating to motor actions, verbal and non-verbal gestures, and the presence/absence of theme. Level 3 play was easiest to score as it was characterised generally by a 'rich' quality of interaction and increasing complexity. This was commented upon by both observers and therapist. Play themes at this level were easily defined and usually played out at length, rarely reaching an end point. Frequently commented upon was the fact of relaxed posture and facial expression, as well as deep absorption in the play.

Level 1 and Level 2 play were less easily discriminated. In session 1 the experimental children frequently showed some, but not all of the characteristics of Level 1 play, particularly the possession-release category was not easily discernible as the child sometimes used the object in a rudimentary attempt to develop a play theme. It may then have been quickly discarded to be returned to later. The release of object seemed to be related particularly to increase in affect, at which point defensive mechanisms appeared to cause the child to release that which had the potential for meaningful and therefore frightening

play experience. Encouragement from the therapist, particularly in instances where trust was quickly established, often seemed to provoke the child to return to the object-pivot which held fascination, and therefore, presumably play potential. Interestingly the same object, initially touched in session 1, was usually still being utilized but at level 3 play, in session 8.

For example, D spent much of his play time in the sand box, where he seemed to be fascinated by the potential of this medium for burying objects (see Table 1). Initially, this activity comprised of nothing more than shovelling sand perfunctorily over a toy car, with rigid posture and no observable affect. As intensity picked up he dropped the objects and moved quickly to touch a toy dinosaur, and farm animals. These too were dropped, and a wooden board pressed into the sand, followed by a return to the car and a scraping away of a 'road'. Because of this attempt to develop theme this was categorized as level 2 play, although there were a number of actions more appropriate to level 1. Furthermore, the therapist's overall sense of the session was one of almost entire lack of affect, which the child rigidly maintained at the expense of his obvious desire to move into play. By session 8, D had made tremendous gains, and literally ran into the play room in order to set up his sand box world, in which all of the precious objects had now found their place. Dinosaurs were systematically buried and resurrected, whilst animals were sent to the zoo, to be taken care of, and all of the cars took part in Grand Prix races over a gruelling course designed exclusively by our player. Much emotion had been expressed in this fantasy world, and new solutions to problems began to emerge, from a matrix of trial and error.

The therapist noted the most important indicators as being change in affect, great increase in the number of verbalizations, and increase in speed and the purposefulness of movements. It is clear that the affective level or lack thereof, must be more clearly defined between level 1 and level 2 play.

Information from the Data

From the data in Table 1, it is obvious that for all children there was a preponderance of the level 2 and 3 categories. This may, in part be due to the difficulties in scoring level 1, as previously mentioned. In addition, many children moved quickly through the first four stages of therapy during the first session, as trust was established through the use of pacing and intense therapist involvement. After painting, children would frequently return to toys previously discarded and begin to take up play themes, as if the symbolic communication in the painting, and/or the closeness to the therapist in the creative task, had opened a new door. There was a sense that these children desperately wanted to play.

Feithelson and Ross (1973) reported a study which supported the significance of the role of the therapist, as did McNabb's (1975) findings. They found that the content of play sessions was the essential contributing factor to the acquisition and incorporation of thematic play, and that the actual playing along with the therapist was significant in its encouragement.

In session 1 all but one of the cohort children played immediately at level 3, whilst only one of the experimental children did. Three were categorized at level 2 (with some reservation) and

TABLE 1

Predominant Play Level, Session 1 and Session 8

	Play Level	
Child	Session 1	Session 8
Exp. D.	Level 2	Level 3
Cohort B.	Level 3	Level 3
Exp C	Level 2	Level 3
Cohort S.	Level 3	Level 3
Exp C_o.	Level 2	Level 1
Cohort P.	Level 3	Level 3
Exp M.	Level 3	Level 3
Cohort J.	Level 3	Level 3
Exp K.	Level 1	Level 2
Cohort J_e.	Level 2	Level 2

one clearly at level 1. Whilst there were differences between the two groups these were not as remarkable as may have been expected. The one child who was clearly playing at level 1, was the youngest child of the study, which may have been of significance.

In session 8, all five of the cohort children played at level 3, as did four of the experimental children, all of whom increased their predominant play level, presumably as a result of the therapeutic treatment. By session 8, in the quality of their play they had become indistinguishable from their peers.

Only one child retrograded from level 2 to level 1 play. As described in Chapter III (p. 58) this child's environmental circumstances worsened considerably over the period, and there was subsequent admission into psychiatric care. We could conclude from the shift in play level that therapy had not been successful in helping this child to cope with stresses. Over time he actually became less aware of himself, with a noted accompanying deterioration in affect, and meaningful relatedness.

In summary, the results suggested a trend toward increase in play level as a result of therapy, although this does not appear as yet, to be a highly sensitive indicator, with some refinement required of the level 1 category. From the results of our cohort group, we may expect to find normal, well adapted children, to quickly move into level 3 play, given even minimal opportunity. They appear to be confident and familiar in this context. Hurt children appear to differ, in that they require practice and encouragement, in order to move through defenses which are apparently preventing them from their desired level of play. The role of the therapist appears to be significant,

TABLE 2

Average Scores Obtained on Painting 1 and Painting 8

	Score on Painting	
Child	Session 1	Session 8
Exp D	26	42
Cohort B	43	43
Exp. C	40	43
Cohort S.	45	51
Exp. C_o	30	37
Cohort P.	44	40
Exp. M	35	50
Cohort J.	53	50
Exp. K.	31	35
Cohort J_e.	31	33

particularly in determining the speed with which the child adapts. For this experimental group transitions were remarkably fast.

2. Scores Obtained on Painting 1 and Painting 8

The scoring schedule (Appendix I) was utilized to gather the data. The process component of the schedule was evaluated during session 1 and session 8 by observers (control group) and therapist (experimental group). There were no evident problems in the scoring as the categories were clearly defined. The two independent scorers having been trained in the scoring system, were presented with the paintings, controls and experimentals mixed, as well as a few which were not part of the scoring schedule. Each childs' total obtained scores were averaged, and appear in Table 2. Reliability for each category between the two scorers was also calculated (see Table 6).

Table 3 demonstrates graphically obtained scores for experimentals and cohorts session 1 and session 8. The nature of the positive shift i.e. increase in painting score can be clearly seen, particularly for the experimental group. These scores were subject to statistical analysis with significance being obtained (see p. 84). It was gratifying to note that age of children did not appear to affect obtained scores, which suggests that the system is, indeed, measuring affective state rather than cognitive development. Similarly, a test of significance of difference between males and females, failed to produce notcieable differences (see p. 85). Unfortunately, it was not possible to obtain a developmental score for each child, using the Lowenfeld evaluation chart, because scoring was only valid for crayon and not paint.

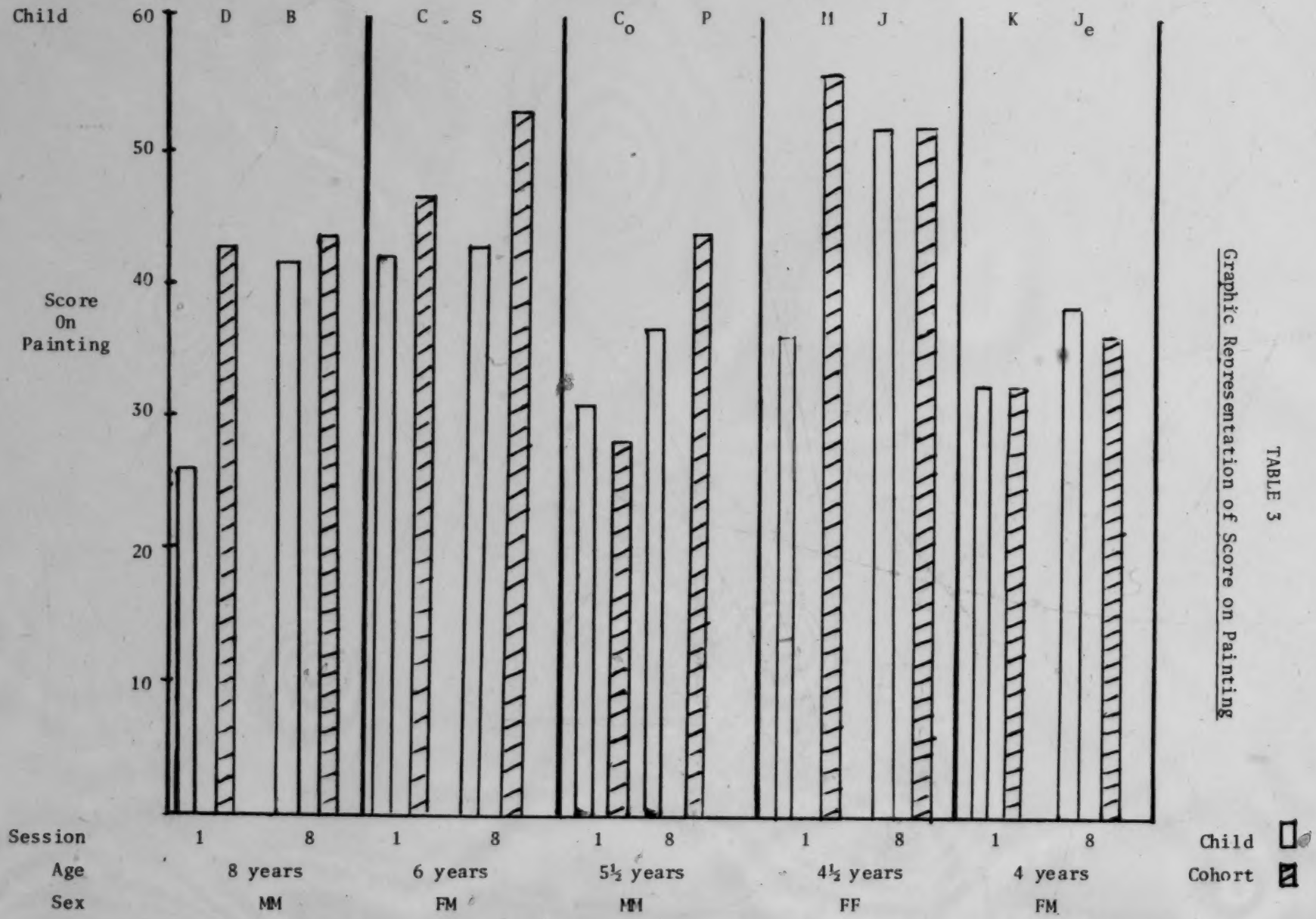

TABLE 3

Graphic Representation of Score on Painting

All of the experimental children obtained an increased painting score on session 8. Some of these as in the case of D. and M. were considerably increased, whilst others only slightly. The scores of the cohort children, in four out of five cases also increased, but very slightly. This could be a maturation or practise effect, as well as increased familiarity with the situation and the facilitator. In the case of B, S and J, the scores on session 1 were considerably higher than those of their experimental cohorts, as would be expected from the theory. By session 8 they were still higher (less significantly) or equal to their counterparts. It was felt by the therapist that these three cohorts had all made significant gains and were either ready for or close to termination of this series of therapy sessions. The obtained painting scores supported this decision. However, no indication as to long term gains could be deduced, i.e. we do not know if the session 8 painting score would remain stable, as it did for the control children.

In the case of C_o the painting score also increased from session 1 to session 8, with a score closely approximating that of his cohort. However, this painting was, in fact, atypical of C_o's general painting style at this stage in therapy. Both painting 7 and painting 9 (therapy continued with this child) were of considerably lower quality. This suggests the actual necessity in therapy of viewing general trends rather than isolated sessions. For unknown reasons during session 8, this child demonstrated his proximal and potential zone of development which, unfortunately, he was unable to recreate. The reader will recall that this child's play level dropped from session 1 to session 8. Of interest, is the fact that the therapist had noted after session 8

painting that the child's affect increased remarkably, and for the remaining 10 minutes of the session, he behaved in a normal six year old manner, with appropriate expressive language, even though almost all other sessions had been characterized by infantile language patterns and behavior. If it had been possible to maintain sessions, perhaps increasing their frequency at this point, this child may have made the necessary breakthrough rather than regressing into psychosis. This is one instance in which evaluation of the painting could have provided crucial diagnostic and treatment information.

The lowest obtained scores of the cohort group were those of J_e, which were equal to or slighly lower than the cohort experimental child. Referring back to the case outline (Chapter III, p. 61), background information may offer possible explanations. Firstly, these two children were the youngest of the study and were not matched for sex, which may be of significance at this age, although it was not for the group in general or for the older children. Secondly, the observer described J_e as being quiet and withdrawn, as well as having experienced a recent separation of his parents. With this kind of background data, it is hard to delineate which was the 'normal' and which was the 'hurt' child. Certainly J_e's scores were lower than any other of the control children. Again, it would appear that the instrument was offering sensitive diagnostic indicators.

3. Stage of Therapy Evaluated from Play Level and Painting Score

Stage of therapy was derived by applying the results obtained in Table 1 and Table 2 to the Composite Chart of Stage of Therapy (Chapter III, p. 49). The obtained Stage of Therapy, according to play level

TABLE 4

Stage of Therapy Evaluated from Play Level and Painting Scores

Child	Play Level		Painting Score	
	Session 1	Session 8	Session 1	Session 8
D	5-8	7-10	4-5	7-8
C	5-8	7-10	6-7	7-8
L	5-8	1-4	5-6	5-7
M	7-10	7-10	5-8	8-10
K	1-4	7-10	5-6	5-7

and painting score appears in Table 4, and reliability between the two in Table 5.

It is obvious from the results that the painting score offered greater potential for accurately determining stage of therapy, as each play level covered a number of stages. Generally speaking, play level seemed to overestimate the stage of therapy certainly in the upper limit of the range. This was particularly true of level 2, which we have described previously as presenting difficulties in scoring. The painting scores for session 1 appeared to be unusually high, although painting came toward the end of the session, after play, therefore it is possible that the children had already moved through the first four stages within one session.

This would account for the lower stage obtained from play level, as in the case of C and K. The reverse was true for M, in session 1, where play level indicated a higher stage of therapy than the painting score. Again, referring back to the case outline (Chapter III, p.59) it was noted that M was a very bright child, coming from an upper socio-economic environment, containing many nurturing and play experiences. This child knew how to play, and simply selected toys, which accessed positive experiences and refused those which were potentially threatening of uncovering trauma. She had built a servicable defense system. For example, the therapist noted, M's extreme fear in the early therapy sessions in moving into the dimly lit 'soft' corner of the room, and her refusal to touch the barbie dolls there. She would sit in the bright lit 'safe' part of the room and watch the therapist 'play doctor' which she repeatedly demanded, but refused to join in, looking on from a distance with an expression of fascination and yet fear. By session 8,

this child was able to successfully play in this area of the room (after catharsis). Perhaps she was more able to safely represent issues in painting than in play, which suggests the advantages of art symbol over toy-pivot as a vehicle of fantasy projection. Particularly, this may be true in cases of sexual abuse, which had been the nature of this little girls' prior experience. This was well embedded in the fantasy theme of painting 1, in which she portrayed two birds, catching the 'worm'. It was her 'fantasy' statement of the repressed material. It is difficult to imagine which 'toy' she could have used for this, and she was obviously not ready to deal with the reality, i.e. in the doll play, which she was able to do successfully at a later stage.

Both play level and painting score in session 8 indicated that three children were at the termination stage of therapy. D, C and M were all terminated within 10 sessions, and continued to do well, although another follow up series was necessary for C. after a few months. K was also terminated after 10 sessions, returning for follow-up after 2 months, at which time she was still doing well. In this one case, the play level score perhaps more clearly indicated true stage of therapy, than did the painting score. This latter may have been depressed due to rat er bias from other paintings, as this was the youngest of the study.

Validation of the Instrument

1. Reliability Between Play Level and Painting Score

From the play level, an expected score range was derived, as shown in Table 5. Actual obtained score on the painting was then compared in order to determine if it fell within the expected range. Percentage

agreement on session 1 was 80% and on session 8, 90%. This indicates that painting score reflected play level accurately. Because of the sensitivity of the score, a more specific dimension was added.

There were only three cases where actual score did not fall within the expected range. Two have already been discussed, (C_O, session 8 and M, session 1). K's actual score on painting was higher than that expected in play level. K was a very quiet, withdrawn little girl, who actually refused to play and spent much of the session sitting on her mother's lap. It was actually the enticement of the paint which caused her to venture the one metre distance from her mother. Once she started painting with the therapist, K quickly became aroused with marked increase in affect. Her fantasy symbol of a 'spider hiding' appeared in the painting and required dramatic action on the part of the therapist, in order to lead K to safety. Having overcome this danger together, trust was firmly established and mother's lap was no longer required to the same extent either in or out of therapy. This is further evidence of the speed with which therapy may proceed once symptom is successfully transformed into symbol. K's expected score derived from the level 1 play in the first part of the session, and the painting score which came later, allowing transference, marked the beginning of the proximal zone of development (see Chapter III, p. 60). Quite a dramatic turning point, as a result of the painting activity was once more evident. Hence the discrepancy between the two scores. As can be seen from the session 8 scores, K made remarkable progress.

Except in the cases of a dramatic shift due to the painting activity, generally speaking, there was an acceptable correlation between play level and painting score.

TABLE 5

Reliability Between Play Level and Painting Score

Child	Play Level		Expected Score		Actual Score	
	Session 1	Session 8	Session 1	Session 8	Session 1	Session 8
Exp D	2	3	20-40	40-60	26	42
Cohort B	3	3	40-60	40-60	43	43
Exp C	2	3	20-40	40-60	40	43
Cohort S	3	3	40-60	40-60	45	51
Exp C_o	2	1	20-40	20	30	37*
Cohort P	3	3	40-60	40-60	44	40
Exp M	3	3	40-60	40-60	35*	50
Cohort J	3	3	40-60	40-60	53	50
Exp K	1	2	20	20-40	31*	55
Cohort J_e	2	2	20-40	20-40	31	33

*Percentage agreement = 70%

Percentage agreement = 90%

2. Inter-Rater Reliability

Scores for every category on the product and content portions of the scoring schedule, for all children, were compared and checked for agreement and disagreement. The totals were used to calculate inter rater reliability for each category using the formula:

$$\frac{\text{No. of agreements - No. of disagreements}}{\text{Total}} \times 100$$

The following percentage reliabilities were obtained:

TABLE 6

Inter-Rater Reliability for Each Category of the Scoring Schedule

	PRODUCT	
1.	Size of symbol	60%
2.	Strength of line	30%
3.	Use of space	20%
4.	Details	70%
5.	Shading	40%
6.	Clarity of symbol	70%
7.	Symmetry	70%
8.	Use of color	40%
	CONTENT	
1.	Verbal explanation	40%
2.	Associated content	10%
3.	Latent content	40%
4.	Sequence of images	70%
5.	Relatedness of symbols	60%
6.	Repetition of theme	0%
7.	Self representation	60%

The above reliabilities were calculated on the basis of every score difference. This presented problems in such a tri-hierarchical system, where the middle category was often used as "unsure". There were many 'missed' scores of this nature, i.e. one rater had made a decision of, for example, absent/present, i.e. score 1 or 3; and the other rater being more cautious had scored as 2. This was undoubtedly a fault in the system, whereby a score of 2 was not given a precise definition. Keeping this in mind, if only scores of 1 and 3 had been counted, inter-rater reliability would have been considerably higher on all items. There were relatively few incidents where one rater scored 1 and the other rater scored 3. Table 6, then, most likely reflects those categories which were very easily definable in terms of absent/present, i.e. scores 1 and 3. The categories in which lower reliabilities were obtained may still be useful, but require clearer definition.

The category of repetition of theme which had zero reliability within paintings, may have been more usefully expressed as a comparison of paintings from previous sessions. Because of the blind nature of the study, this was obviously impossible but could be quite useful in the therapy situation, in comparing previous paintings. There were cases where this held true within paintings, but was misunderstood by the scorers.

The low reliability of 10% in associated content was affected due to the absence of some of the story material of the control group. Rather than writing a story at the end of painting, these children had talked as they painted, giving valuable information regarding associated content. In some cases this was not fully recorded by the observers, who were not well practised in painting, note taking and observing all

at the same time! In other cases some of this was recorded, but on the process part of the schedule which was not made available to the painting scores. This difficulty would not be present in a clinical situation where the therapist would be the scorer, and therefore be in possession of all of the information. This factor may well have also affected other categories, such as verbal explanation, latent content and relatedness of symbols.

Categories in the product section would not likely have been affected by the above discrepancy. Surprisingly, use of space had low reliability, again probably affected by the score of two category. Strength of line was more difficult to evaluate in paint than in crayon, which may have increased lack of objectivity on this category. The use of color category was disappointingly low in agreement, although observers commented that at times, the colors had become mixed, and therefore less clear. Also, at least one child used a great deal of water mixed in, which dulled the tone considerably. The scorers were not clear as to how to treat this example. Again, confounding difficulties arose, when the scorer has not been present at the session.

Table 7 shows the order of power of the categories according to inter-rater reliability as it was scored, although this must be viewed in light of the above reservations. Practised scorers may well have scored differently, particularly after the evaluative portion of this study.

Statistical Analysis of the Data

1. Comparison of Experimental Children with Cohorts

Test of Significance: The Wilcoxon Matched Pairs Signed Rank Test for Correlated samples.

TABLE 7

The Power of the Categories of the Scoring Schedule
Derived From Table 6

PRODUCT
1. Clarity of Symbol
1. Symmetry
1. Details
2. Size of Symbol
3. Use of Color
3. Use of Color
4. Strength of Line
5. Use of Space
CONTENT
1. Sequence of images
2. Relatedness of symbol
2. Self representation
3. Latent content
3. Verbal explanation
4. Associated content
5. Repetition of theme

Null Hypothesis: No significance in difference between the painting scores of the two groups in Session 1.

Scores Obtained

	1	2	3	4	5	
Exp.	26	40	30	35	31	(From Table 2)
Cohorts	43	43	26	53	31	
d	-17	-5	4	-18	0	
rank	-3	-2	+1	-4		

W+ = 1
W- = 0

Result: For d .05 (95% confidence level), p = .0625.

$.0625 > p < 1$

Decision: Reject the Null hypothesis.

Conclusion: There is significant difference in painting scores obtained by the experimental group and their cohorts in painting session 1.

* * *

Null Hypothesis: No significance in difference between the painting scores of the two groups in session 8.

Scores Obtained

	1	2	3	4	5	
Exp.	42	43	37	50	35	(From Table 2)
Cohorts	43	51	40	50	33	
d	-1	-8	-3	0	-2	
rank	-1	-4	-3		-2	

W+ = 0
W- = 10

Result: For α .05 (95% confidence), p = .0313

$\therefore .0313 > p > 0$

Decision: Do not reject null hypothesis

Conclusion: There is no significant difference between the painting scores obtained by the experimental group and their cohorts in painting session 8.

* * *

Assumption on the Basis of the Data:

Therapeutic treatment was effective in modifying the painting scores of the experimental group such that, on session 8, they were not significantly different from the control group. Furthermore, because painting score accurately reflected play level (Table 3), it is evident that the therapeutic treatment served to normalize the experimental group of children.

2. Comparison of the Scores Obtained by Boys and Girls

Test of Significance: The Wilcoxon Rank Sum Test for Independent Samples.

Null Hypothesis: No significant difference in obtained painting socres between sampe A -- boys and Sample B -- girls, in session 1.

	Scores Obtained (From Table 2)					
Boys	26	43	45	30	26	31
Girls:	40	35	53	31		
Ranking	1.5	1.5	3	4.5	8	9
	4.5	6	7	10		

$R_1 = 27.5$

$R_1 = 22$ $\qquad 2R_1 - R_1 = 16.5$

Results: For α.05, 13<p<16.5

Decision: Do not reject null hypothesis.

Conclusion: There is no significance of difference between boys and girls scores in painting session 1.

* * *

Null Hypothesis: No significant difference in obtained painting scores between boys and girls in session 8.

Scores Obtained (From Table 2)

Boys:	42	43	51	37	40	33
Girls:	43	50	50	35		
Ranking	1	3	4	5	6.5	10
	2	6.5	8.5	8.5		

$R_1 = 25.5$

$R_1 = 18.5$

Results: For α.10 (90% confidence), 15<p<18.5

Decision: Do not reject null hypothesis.

Conclusion: There is no significance of difference in obtained painting scores between boys and girls in session 8.

* * *

Assumption on the Basis of the Data

Painting score was not affected by sex difference, either before or after treatment, therefore treatment was equally effective with both boys and girls.

Summary

The results from the collection and analysis of the data have been gratifying in the obtained support for the original hypothesis of

the study. This was that children's painting scores would act as a sensitive indicator of the need for and stage of therapy, as defined by observed play level. Increased scores on paintings, have indeed resulted from the 8 sessions of therapy. It has also been shown that these scores were not affected by age or sex of children in the sample. This age range was from 3.10 years to 8.0 years.

The scoring schedule as instrument for the study has been validated with a high reliability against play level, and has demonstrated that normal children consistently score higher than do hurt children, indicating that at least some, if not all of the categories are useful in determining affective state of well being, as it is reflected in symbol. The inter-rater reliability indicated that some categories require further investigation and more specific clarification. There was some difficulty due to lack of communication between the facilitation observers and this researcher which increased the lack of bias but decreased the flow of information.

CHAPTER V

CONCLUSIONS, LIMITATIONS AND IMPLICATIONS FOR FURTHER RESEARCH

The appropriateness and usefulness of play therapy as a therapeutic approach to working with emotionally disturbed children is widely accepted. Art materials have also been frequently used as an adjunct to the play process. However, present literature pertaining to the specific diagnostic and therapeutic value of play therapy is stated to be more conjecture than evidence (McNabb, 1975). The need for further investigation to focus on the internal dimensions of the therapeutic process has been emphasized (Ginott, 1961; McNabb, 1975; Bishop, 1978; Stinton, 1977).

Art, as a natural autotherapeutic medium has historically been long accepted, but in the last decade has been gaining attention from psychotherapists. However, views about the value of art therapies largely remain as untested hypotheses and have generally been ignored by researchers in psychotherapy (Feder, 1981). Practitioners, themselves, have been slow in developing programs of self evaluation, or of the investigation of the outcome of treatment. This has largely been due to the struggle in establishing a unified theoretical framework with a psychological foundation.

Whilst art therapy has adopted the terms and classification system of the psychotherapies, implicit in much of the practice is the assumption that, human beings are unitary and indivisible. Thus, much of art therapy technique is most compatible with humanism (Rhyne, 1973), the general assumption being that thinking and creativity are related. Unfortunately the weighting of the influence of creativity has been the

source of much of the confusion over definitions in the literature. Differentiation has arisen, regarding the use of 'art in therapy' and 'art as therapy'.

To varying degrees each of the art functions, diagnostic and therapeutic, stress one of the two poles; creative production (art as therapy) and expressive communication (art in therapy).

For the most part, the view of art itself as healing, represents an extreme view amongst art therapists, many of whom operate from a psychoanalytic base, using the advantages of the non-verbal form as a method of communicating unconscious material. This view representing 'art in therapy', was pioneered by Naumberg (1966) who viewed the primary value in the use of art as authentic expression in which images are a form of symbolic speech.

This theoretical dialectic has not been as absolute in practice as it would appear from the theory (Ulman, 1973). Frequently, the specifics of methodology are idiosyncratically adapted by therapists. One aspect of the literature review of the study was to develop a composite of major approaches, such that a unified therapeutic model could be founded. Thus, the focus of the present study was an attempt to unify the disparate elements, and to produce a workable model for the use of both art and play in diagnosis and therapy with emotionally disturbed children.

In order to resolve the theoretical dilemma of creative versus expressive use of art, both 'product' and 'content' components of childrens' paintings were evaluated, as well as satisfying the humanistic foundation, by incorporating 'process' components. These three elements were specified into a few categories which were commonly sighted by major therapists in the field as being of diagnostic significance (Kramer,

1971; Naumberg, 1967, Rubin, 1981). Together they comprised the scoring system for children's paintings. Using this scoring schedule as instrument, as well as the tri-hierarchical play rating system (Bishop, 1976) for evaluation of play, the purpose of the study was:

1. To compare the level of play and quality of art work (process, product and content) between emotionally disturbed and normal children of the same age.
2. To use children's paintings as a diagnostic measure of stage of therapy.
3. To make a pilot test of the validity of the instrument in order to discover if it accurately reflects play level, stage of therapy, and therefore, affective state of the child.

The approach used was of a correlational type of study, the object of which was to identify the differences in scores on the two instruments between the experimental group of five identified children and a random sample of cohorts matched for age, and where possible, sex. The results indicated statistically significant differences between the obtained scores of the two groups initially, and no significance of difference after the experimental group had received eight sessions of play and art therapy.

The type of therapy being used was outlined in Chapter III (p.49) as a derived composite model, from a number of techniques, but mostly attributable to Rubin's stages of therapy (1981). The results suggest that this therapeutic model worked well for this group of children, and furthermore, that the instrument of the study was sufficiently sensitive to accurately identify stage of therapy. Thus, the activity

of painting in therapy, proved to be of value, both diagnostically and therapeutically.

Similarly, play level rated on the Play Rating Scale, also accurately reflected stage of therapy, although was a less sensitive indicator. Scores on paintings had a high level of reliability with the observed play level. There was some suggestion that for particular types of problems, painting-symbol may be a more useful device than toy-pivot, for the child to effectively gain increased awareness of repressed trauma. This would require further investigation.

Some difficulties were encountered in the use of the scoring schedule. This was particularly related to the independent scoring of the process component. Product and content components were scored separately and blind, by the two raters. This had advantages, and was selected as a means of reducing scoring bias, but proved to be of disadvantage in the accurate transfer of information, from observers of sessions. This obviously adversely affected the content component, which was measuring the child's communication in the painting, both verbally and non-verbally. The product component was relatively unaffected. Because of this difficulty, as well as lack of practice with the scoring schedule, inter rater reliability proved to be low on some items. However, more extensive testing would be required before certain items could be satisfactorily discarded.

The fact that two pairs of cohorts were not matched for sex, appeared to be of little significance, as statistically there were no sex related differences in scores either on session 1 or 8.

It was gratifying to note that the scoring system did not appear to be cognitively or developmentally biased, as there was no obviously

age related discrepancy on scores, within this age range, i.e. from 3.10 years to 8.0 years. This was a significant outcome as to date, no research has satisfactorily demonstrated the independence of affective and developmental perspectives in children's art work (Gardner, 1980).

Conclusion

The results from the present study indicate that further investigation of the diagnostic and therapeutic value of children's paintings in therapy, is warranted both in practice and research.

As a pilot study, the scoring of children's paintings utilizing process, product and content components was successful in distinguishing 'hurt' children from normals, and in monitoring the progress and outcome of therapy.

In four out of five cases, eight sessions of therapy, using the composite model (Baker, 1982), as a theoretical basis for practice, were successful in alleviating symptoms, through transference into symbol. The results indicated that these children, in fact, learned to play again, and thus were able to reintegrate into their lives previously unresolved traumatic insults.

The scoring system was successfully able to differentiate affective (and therefore clinically viable) components from cognitive and developmental factors in paintings, thus providing a foundation prototype instrument, with this type of potential.

The study was necessarily limited to a small sample, but the results were very encouraging, in terms of offering a research paradigm for the field of psychotherapy with children, and in the diagnostic and therapeutic significance of art therapy.

Limitations

1. The sample size was small. An increase in the size of sample would offer increased statistical significance, and therefore, greater generalizability of the theoretical paradigm.
2. The ages considered were restrictive. Many children who come into therapy fall outside of the age range of the study. The scoring system may not hold true for older children.
3. The Play Rating Scale did not offer sufficient differentiation at Level 1 and Level 2. It appears from the study, that children entering therapy are more likely to play at level 1 or 2, therefore by studying such children, it may be possible to rework these two lower categories, to increase specificity of characteristics.
4. Whilst the study was apparently free of cognitive and developmental bias it would have been useful to check this on a developmental scoring system, such as that of Lowenfeld (see Appendix 2). This was an intended portion of the study, but separate data using crayon rather than paint as specified by Lowenfeld was not collected by the observers, and was therefore, not available for analysis.
5. Control children's painting scores may have been depressed due to the inexperience of the observers. Ideally, the therapist would have conducted all sessions to maintain consistency of style. This was impossible due to time factors. Alternatively, more intensive training of observers may overcome this difficulty.
6. The two independent scorers may similarly have benefitted from more intensive training. This was very much a 'trial run' in which they had little knowledge of the paintings or the scoring systems. Additionally, 'process' information from the observers was not

always transferred to the scorers, which affected the scoring of the content component as described earlier.

7. Because the experimental children were seen over a one year period prior to the study, therapist treatment may have varied, such that children seen more recently may have benefitted from the practice effect on the part of the therapist.
8. Certain categories on the scoring system obtained low reliability which may indicate a need for reassessing criterion.

Implications for Further Research

Perhaps the most obvious implication would be to repeat the study with a larger sample of clinically referred children, possibly involving a number of trained therapists, in order to reduce therapist bias. This would also offer potential for investigating the effect on painting score and play level, of certain types of presenting problem. In addition, information could be gathered as to preferred activity, play or painting, with children from different categories of presenting problem.

The scoring system requires some reworking and training of scorers. This could then be normed for age and sex over a large random sample of children. This would then offer a normative basis of measurement for therapists and diagnosticians. The system also requires validation against a developmental scoring system, in order to more precisely determine if it is free from bias. The product and content components could also be analyzed further in terms of their independent usefulness.

In terms of the play level more information is required on the relationship between levels of play, degrees of emotionality, and

cognitive influence. It would be useful to observe a larger sample of clinically referred children, in different settings, to determine what play level is generally operative and in what content. The composite stages of therapy could usefully be compared with other therapy techniques, in terms of outcome and painting scores. Does the identity of therapist influence its efficacy? Can others be easily trained within this framework, and effect similar outcomes, for it is the outcome which is the nemesis of art therapy with children.

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APPENDIX I

Scoring of Paintings

PROCESS		Score
1. Spontaneous verbalizations (What is said)	Absent/present	1 2 3
2. Non-verbal behavior (gestures; facial exp. proximity	Absent/present	
3. Interaction with adult	Suspicious/trusting Shy/articulate	
4. Approach to task	Aggressive/careful Cautious/enthusiastic	
5. Rhythm	Tight/relaxed Sudden change of pace/smooth	

Scoring of Paintings

PRODUCTS

FORM AND STRUCTURE		Score
1. Size of symbol	Disproportionate/Balanced	1 2 3
2. Strength of line	Excessive strong, weak/even	
3. Use of space	Overuse, underuse/balanced	
4. Details	Absent/present	
5. Shading, repetition, overlay	Present/absent	
6. Clarity of symbols	Unclear/clear	
7. Completion of symbols, symmetry	Clear/unclear	
8. Use of color	Dark, underusage/ Bright, clear	

Scoring of Paintings

CONTENT		Score
1. Verbal explanations	Absent/present	
2. Associative content (Story title, images)	Simple/complex	
3. Latent content (distortions; exaggerations; omissions)	Absent/present	
4. Sequence of images	Disordered/ordered	
5. Relatedness of symbols (Connectedness-verbally -visually)	Absent/present	
6. Repetition of theme (within picture: between pictures)	Present/absent	
7. Self representation	Absent/present	